



*Because the first three years build a lifetime.*

## **INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**

# **TECHNICAL ASSISTANCE GUIDE**

STATE OF SOUTH DAKOTA  
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## INTRODUCTION

The purpose of this Technical Assistance Guide is to provide an ongoing resource for anyone involved in implementing the Birth to Three Connections program.

It is intended that this guide be revised periodically as this program evolves and the Individuals with Disabilities Education Act (IDEA) is re-authorized and revised by the United States Congress.

The Birth to Three Connections program is an early intervention program for children under the age of three. Early intervention is defined as services or supports that will help meet the needs of an infant or toddler who has a developmental delay, including services for the family to help them with the development of their child. These services may include identification, evaluation and treatment of developmental disabilities at the earliest possible time to help prevent a more serious disability later on.

## REFERRAL PROCESS FOR CHILDREN UNDER THE AGE OF 3 IN SOUTH DAKOTA

A concern about a developmental delay is suspected by a primary referral source. This includes the following:

1. PUBLIC AGENCIES: clinics, hospitals, schools, community health, social services, mental health, etc.
2. PRIVATE AGENCIES: clinics, hospitals, physicians, parents, day care providers, mental health, private schools, etc.
3. With permission of the family and **within two working days** the primary referral source notifies the Service Coordinator of the local Birth to 3 Connections project.
4. The Service Coordinator documents the contact date on an intake form and the **45 day timeline begins**.
5. The family is contacted. Screening is done if necessary. Other pertinent information is gathered.  
*See sections on Initial Contact and Screening.*
6. Family and Service Coordinator determine next steps.
7. Primary referral source is notified of the results of the family contact.
8. IFSP eligibility procedures begin. *See sections on Consent/Referral for Evaluation and Eligibility Determination.*
9. With parent permission, the primary referral source is kept in the information loop throughout the eligibility process.

*See BIRTH TO 3 CONNECTIONS REFERRAL STATUS form*

## SCREENING

The local Birth to 3 Connections project is responsible for assuring the availability of screening services. The purpose of screening is to identify those infants and toddlers who may require a multidisciplinary, multifaceted evaluation and to make referrals to the appropriate resources. Screenings may be performed by a variety of qualified professionals in various settings, including child development clinics, public health department clinics, public school divisions, infant programs, specialty clinics, physician's clinics, other professional agencies and private contracting agencies. Screening is not a mandatory procedure prior to referral for a multidisciplinary team evaluation.

Screening instruments must be culturally sensitive and administered in the native language or mode of communication of the family unless it is clearly not feasible to do so. Screening must include the following developmental areas: cognitive, physical, (including vision and hearing), gross and fine motor, communication, social/emotional, and adaptive and perceptual development. The parent/guardian, screener and the initial service coordinator must review results of the screening within 5 working days. The review must be conducted in person, by phone, fax or mail and must be documented with parent initial or signature and date. Depending on the procedures established by the local Birth to 3 Connections project, the screener may also be the initial service coordinator. Results of the screening will reveal the need to refer for an evaluation, refer to other resources or that no further action is needed. There may be occasions in which children are determined to not need an evaluation. Their development should be periodically re-screened in order to identify early indicators of developmental delays. Screening results need to be documented and shared with the parent and initial service coordinator within five days. Many local Birth to 3 Connection projects have established a tracking system, which includes a periodic screening or periodic notice to the family of community-based child find screening events. Through this process, infants at risk for developmental delays who are not eligible for Part C services receive routine follow up contacts.

*See state suggested BIRTH TO 3 CONNECTIONS SCREENING RESULTS REPORT form*

## INITIAL CONTACT

A family's first formal contact with the Birth to 3 Connections system is most often with a Service Coordinator. The process differs from project to project but the goal of these first contacts is to gather preliminary information about the child and family in order to make an initial eligibility determination. Several decisions can be made during the first contacts with a family:

- Based on family identified needs or concerns, developmental screening, clinical assessments, family reports or medical information, the family and child may proceed to the evaluation process in determining eligibility.
- Based on the same kind of information, the family and Service Coordinator can determine without further evaluation, that they do not need early intervention services. In some instances, the family may be referred to community resources for additional support.
- The child and family may be found to not need services but may need periodic re-screening and be placed in the local Birth to 3 Connection's tracking system.
- The family may decline services at the time of initial contact. In these cases, the Service Coordinator should fully inform the parent of their right to decline services and offer the opportunity for periodic re-screening. Parents need to be provided with the information and support they need to make an informed choice when declining services and understand the implications of their decision.

Providing the family with initial information about early intervention services is an activity that requires a great deal of preparation by the Service Coordinator. While it may seem overwhelming, if the family indicates they wish to have the process of early intervention services initiated, they must be made aware of required elements of the program. Some of the required elements of the program are: written parental consent for evaluation in all areas of development, eligibility determination, parental consent for the provision of services, natural environment requirements, and transition planning.

Family preferences, resources, priorities and concerns, which shape the IFSP process, must be identified as early as possible in order for the information to be used by team members to plan. It is important to note that the family assessment component is not an assessment of the family itself, but a process to help a family identify its "strengths and needs related to enhancing the development of the family's infant or toddler with a disability" {ARSD 24:14:12:03}. The family assessment provision of Part C is intended to allow early intervention programs to serve children within the context of their families. It was not intended to give professionals permission to intrude uninvited into family life. Because of this concern over the potentially intrusive aspects of formal identification of family resources priorities and concerns, it is recommended that this part of the IFSP process occur after the child's evaluation is completed and the child is determined to be eligible to receive early intervention services. If, as a result of the evaluation, the staff and family determine that a child does not need services, the family has no need to identify resources, priorities and concerns.

*See state suggested BIRTH TO 3 CONNECTIONS INTAKE form.*

## CONSENT/REFERRAL FOR EVALUATION

Once the parent(s) decide to proceed to the evaluation process, the Service Coordinator makes a written referral for evaluation to the local school district in which the child and family reside. Upon receiving a referral, the school district may conduct an informal review and/or proceed with the evaluation process. An informal review includes a conference, if appropriate and necessary, either in person or by telephone, with the person making the referral and a review of the child's record.

If, after an informal review, the district determines that no evaluation is necessary, the district shall inform the parents of its decision and the reasons for the decision. It shall also inform the parent of their due process rights. If, after informal review, the district determines that further evaluation is necessary, the district shall conduct a multidisciplinary, multifaceted evaluation with the consent of the parent.

Written parental consent must be obtained before conducting the initial evaluation and assessment of their child and before initiating the provision of early intervention services. If consent is not given, the local Birth to 3 Connections project or designated provider shall document the refusal and make reasonable efforts to ensure that the parents fully understand the nature of the evaluation and assessment or the services that would be available to their child. Additionally, they need to ensure that the parent understands that their child will not be able to receive the evaluation and assessment or services unless consent is given. Local Birth to 3 Connections projects follow established federal regulations and state rules in the event a parent denies consent to evaluate a child. These regulations should be reviewed with the parents in this situation.

*See BIRTH TO 3 CONNECTIONS PARENTAL PRIOR NOTICE/CONSENT Suggested form)*

## SURROGATE PARENTS

The rights of eligible children shall be protected when no parent can be identified and the local Birth to 3 Connections project, after reasonable effort, cannot discover the whereabouts of a parent; or if the child is a ward of the state under the laws of South Dakota (i.e. termination of parental rights has occurred). A surrogate parent may represent a child in all matters related to:

- a) The evaluation and assessment of the child;
- b) Development and implementation of the child's individualized family service plans, including annual evaluations and periodic reviews;
- c) The ongoing provision of early intervention services to the child; and
- d) Any other rights established under this part.

The surrogate parent assumes the role of the parent in all matters relating to the identification, evaluation, eligibility determination, and early intervention services for the child with developmental delays. The surrogate parent is afforded all of the parent rights through the procedural safeguards.

<b>On the IFSP</b>	
Surrogate parent's personal information i.e. address, phone numbers, etc.	Page 1
Surrogate signs as the parent/team participant.	Page 2 Page 10 (review)
Surrogate signs consent for provision of services at time of initial and/or review of IFSP.	Page 7 Page 10 (review)

*An additional technical assistance guide called South Dakota Surrogate Parent Manual is available from the Office of Special Education. A copy of the state suggested forms for determining the need for and appointing a surrogate parent is in the State Suggested Forms appendix of this IFSP Technical Assistance Guide.*

## **FOSTER CHILDREN AND THE IFSP**

The Individuals with Disabilities Education Act (IDEA) requires that each school district must guarantee that the rights of a child with disabilities are protected when (1) no parent can be identified, (2) the whereabouts of the parent cannot be discovered after reasonable efforts, or (3) the child is a ward of the state.

The State of South Dakota, adhering to the requirements of IDEA, addresses the need and appointment of an educational surrogate parent in the Administrative Rules of South Dakota. Regulations at the federal and state level specify that a surrogate parent has the same rights and responsibilities as a birth parent in regard to educational decisions in the identification, evaluation, program placement and free appropriate public education to a child with disabilities. Included in these rights is the right to receive notice of a meeting, give or refuse consent for evaluation and or services, review records and to a full explanation of all procedural safeguards available under the IDEA. The surrogate parent must receive all letters, forms and handbooks provided to the birth parent. As with a birth parent, a surrogate is an equal partner with all other professionals in the educational decision-making process.

The following citation from the federal register, Department of Education 34 CFR Part 303, speaks directly to the federal regulations on Surrogate Parents.

### **§ 303.406 Surrogate parents.**

**General.** Each lead agency shall ensure that the rights of children eligible under this part are protected if (1) No parent (as defined in §303.18) can be identified; (2) The public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or (3) The child is a ward of the State under the laws of that State.

**Duty of lead agency and other public agencies.** The duty of the lead agency, or other public agency under paragraph (a) of this section, includes the assignment of an individual to act as a surrogate for the parent.

This must include a method for (1) Determining whether a child needs a surrogate parent; and (2) Assigning a surrogate parent to the child.

**Criteria for selecting surrogate.** (1) The lead agency or other public agency may select a surrogate parent in any way permitted under State law. (2) Public agencies shall ensure that a person selected as a surrogate parent (i) has no interest that conflicts with the interests of the child he or she represents; and (ii) Has knowledge and skills that ensure adequate representation of the child.

**Non-employee requirement; compensation.** (1) A person assigned as a surrogate parent may not be (i) An employee of any State agency; or (ii) A person or an employee of a person providing early intervention services to the child or to any family member of the child. (2) A person who otherwise qualifies to be a surrogate parent under paragraph (d) (1) of this section is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent.

**Responsibilities.** A surrogate parent may represent a child in all matters related to (1) the evaluation and assessment of the child; (2) Development and implementation of the child's IFSPs, including annual evaluations and periodic reviews; (3) the ongoing provision of early intervention services to the child; and (4) Any other rights established under this part.

#### **A Surrogate Parent is needed when:**

- A surrogate parent would be necessary if the child is a ward of the state. "Ward of the State" in this document means that the child has been removed from their parents care and **parental rights have been terminated**.
- If parental rights are not terminated, but after reasonable efforts, you cannot discover the whereabouts of a parent. Reasonable efforts should include documentation of all attempts to contact the birth family. Researching last known address via the Department of Social Services, police, contacting known relatives and acquaintances, etc. should be done. Letters to and responses from these entities should be retained as documentation of effort to contact the parents. Registered letters should be sent to any addresses identified for the parents. The "unable to locate" notice from the post office should be saved as documentation of unsuccessful attempts to locate and kept with all other documentation and serve as a basis for appointing a surrogate parent.
- Once it has been determined that a child needs a surrogate parent, the Service Coordinator in conjunction with the school district where the child resides, as appropriate, has the responsibility to assign a surrogate. No initial evaluations or early intervention services can be provided without this component being completed. Frequently, the foster parent with whom the child resides is appointed as surrogate, but surrogates can also be another individual who has knowledge and skills that ensure adequate representation of the child in educational matters. Court Appointed Special Advocates (CASA) or a relative of the child should also be considered good candidates for surrogates. If the need for a surrogate arises after eligibility has been determined and the child is not prolonged assistance, the service coordinator along with their project director must (1) document the need for the surrogate, (2) train and, (3) assign a surrogate.

- **A child protection social worker cannot assume or be assigned the role of the parent or surrogate and sign consent for evaluation, or consent for provision of services.** The social worker is a valuable part of the IFSP team by providing input to the child's education plan and in doing so, should sign the document as a participant. Reference can be made to the above federal statute or refer to the CPS Auxiliary Placement Manual, page 7.

**A Surrogate Parent is not needed:**

- If the parent is available and child protection services is working toward reunification of the child with the parents. In these instances, the parents must be involved with the development of the IFSP including permission to evaluate and permission to provide services. The birth parents must have the opportunity to be present at all meetings pertaining to the development of the IFSP. All decisions regarding the educational placement of their child remains with the parent.
- If the birth parent is in a rehabilitation program, prison, or some other program that keeps her/him inaccessible to direct involvement with the IFSP process, ongoing attempts must be made to involve them via mail, conference calls during meetings, etc. The child protection social worker is the link to the parent in these instances.

Notes:

## INTERIM IFSP

In the event that early intervention services need to begin immediately based on the child's medical diagnosis or special circumstances, the regulations allow for the development of an interim IFSP. Typically a letter from a physician stating the child's condition and need for immediate therapy triggers this process.

An interim IFSP may be developed and early intervention services for an eligible child and the child's family may begin before the completion of the evaluation and assessment if the following conditions are met:

- parental consent is obtained, and
- service(s) for the child which have been determined to be needed immediately based on critical medical needs are documented, and the documentation is included in the early intervention file, and
- an interim IFSP is written according to the IFSP guidelines, including the name of the service coordinator who will be responsible for implementation of the interim IFSP and coordination with other agencies and persons.

Even when an interim IFSP is developed, the evaluation, assessment and development of the initial IFSP must be completed within the 45 days after receipt of the referral time period. An Interim IFSP does not extend the 45 day timeline requirement.

The Interim IFSP document must be developed using whatever information is available on the child. The outcome(s) that is developed may only be for the service(s) that is needed immediately. The interim service(s) established for the child expires at the end of the 45 days following referral. The development of the IFSP may only exceed the 45 days if there is documentation of exceptional circumstances showing that it is impossible to complete the evaluations and conduct the initial IFSP meeting. The parent must sign and date a waiver document prior to the 45 days expiring stating the child and family's circumstances that prevent the process from being completed. Exceptional circumstances related to scheduling conflicts for the evaluators or any other systemic circumstances are not acceptable justification for exceeding 45 days from referral to initial IFSP.

*See the suggested form WAIVER OF 45 DAY IFSP TIMELINE.*

## ELIGIBILITY DETERMINATION

In South Dakota, infants and toddlers, birth to 36 months of age, inclusive, are eligible for Part C services when identified by providers of licensed health care and education services as:

- 1) Performing at 25 percent below normal age range; or
- 2) Exhibiting a six-month delay; or
- 3) Demonstrating at least 1.5 standard deviation below the mean; or
- 4) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay such as Down's Syndrome and other chromosomal abnormalities; sensory impairments, including vision and hearing; inborn errors of metabolism; microcephaly; severe attachment disorders including failure to thrive; seizure disorders; and fetal alcohol syndrome.

In circumstances where children are made eligible for early intervention services because of their medical diagnosis, the record must reflect a physician's statement documenting the diagnosis. Comprehensive, multidisciplinary evaluations must still be conducted.

A developmental delay may be manifested in one or more of the following areas:

- 1) Cognitive development;
  - 2) Communication development - receptive , expressive or both;
  - 3) Social or emotional development;
  - 4) Adaptive development; and
- Physical development including vision and hearing.

<b>On the IFSP</b>	
Check the appropriate boxes on the bottom of the page to document the basis for the eligibility determination.	Page 4

## INFORMED CLINICAL OPINION

Informed clinical opinion may be used to determine eligibility for children referred to South Dakota's early intervention program. Please refer to [ARSD 24:14:07:04 Eligibility verification](#).

When the use of standardized instruments does not present the degree of delay required; is not applicable due to an infant's age; or when a child requires significant adaptation to perform on a standardized instrument, i.e. lack of culturally or linguistically appropriate instruments, or adaptations used to elicit responses from children with sensory or physical impairments, a child may be determined to have a developmental delay by the informed clinical opinion of a multidisciplinary team which includes the parents.

Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience with evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion. In using informed clinical opinion, the individual evaluator and the multidisciplinary team seek to answer the question "What are the child's abilities and needs within his/her natural environment?"

If the multidisciplinary team determines that a child is eligible for early intervention services even though the child does not meet the eligibility requirements of performing 25% below normal age range; exhibiting a six month delay; demonstrating at least a 1.5 standard deviation below the mean; or having a diagnosis of a physical or mental condition that has a high probability of resulting in developmental delay, the IFSP team must include documentation in the early intervention record as follows:

1. The record must contain documents that explain why the evaluation standards and procedures that are used with the majority of children resulted in invalid findings for this child;
2. The record must indicate what objective data were used to conclude that the child has a developmental delay and is in need of early intervention services. These data may include test scores, parent input, childcare provider comments, observations of the child in his/her daily routine, use of behavior checklists, or criteria-referenced measures; and other developmental data including current health status and medical history (consideration may be given for functional status, recent rate of change and/or prognosis for change in the near future based on anticipated medical/health factors);
3. Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data had the greatest relative importance for the eligibility decision; and
4. The decision to make a child eligible by use of informed clinical opinion must include a sign-off by the multidisciplinary team members agreeing or disagreeing to the decision. If one or more of the team members disagree with the informed clinical opinion, they must include a statement of why they disagree and sign.

Information from all these sources is synthesized to become “informed clinical opinion” of an individual child. The opinion should reflect a meaningful assessment of the individual child's development and family concerns, priorities and resources, and suggest areas that may require further evaluation.

On the IFSP	
Check the appropriate box on the bottom of the page to document that the basis for eligibility was Informed Clinical Opinion.	Page 4
The documentation for this becomes part of the IFSP. It may be the state suggested form or a similar form that includes all the required information.	Page 4(a)

*Refer to the state suggested form to document INFORMED CLINICAL OPINION.*

Notes:

## **PROCEDURAL SAFEGUARDS THAT MUST BE FOLLOWED WHEN EVALUATING**

Two or more qualified individuals must evaluate children in each of the 5 areas of development.

Two or more standardized evaluation instruments must be used to complete the evaluations.

Once evaluations have been completed and prior to the end of 45-day timeline, results of the evaluations must be shared with the family and an IFSP developed as appropriate.

Discussion regarding the child's eligibility must be conducted with the individuals who administered the evaluations (or someone knowledgeable about the evaluation that can explain the evaluation and results), a school district representative, Parent(s), and the Service Coordinator. If the evaluators (or the agency they represent) will not be involved with the provision of the early intervention services, it might be more appropriate to establish two separate meetings. The first meeting would be to determine eligibility and answer questions regarding the evaluations that have been conducted. A second meeting, the initial IFSP meeting, would be coordinated to establish the goals for the child and family and the services needed to achieve these goals.

If the child and family is eligible and not interested in proceeding with early intervention services, the Service Coordinator must inform the parents of their rights and provide them with a copy of these rights. Additionally, the Service Coordinator should inform the parent they might initiate the eligibility process at a later date. Documentation that the parent declined early intervention services should include:

- a brief statement that parental rights have been provided to the family,
- an explanation of the services the team would recommend, and
- a dated parental signature.

If the child and family are not eligible for early intervention services, the evaluators and Service Coordinator need to explain this to the family. A copy of the evaluation report and the documentation of determination of eligibility shall be provided to the parent. The family must be informed of their rights under Parts B and C of IDEA, specifically in regards to initiating an administrative hearing involving the identification and evaluation of their child. The Service Coordinator should assist the family in determining other services that may be available in the community that would be helpful and supportive. They may also assist the family in exploring these resources and provide specific names and phone numbers for the family to contact. The family may select to be placed in the local Birth to 3 Connections tracking system for subsequent screenings to occur on a scheduled basis.

The parents have a right to disagree with the evaluation results and request an independent educational evaluation at public expense. Refer to ARSD 24:05:30:03 for additional information/requirements.

## PARENTS RIGHTS FOR PART C AND PART B

Parents rights information is shared at various points throughout the IFSP process. There are times when both Part C and Part B rights come into play for families. It is important that school district personnel and Service Coordinators with Birth to 3 Connections are clear about keeping parents informed concerning IDEA procedural safeguards. Below is a table that may assist in determining when to give Part B or Part C Parent Rights.

<b>ACTION</b>	<b>PART B RIGHTS</b>	<b>PART C RIGHTS</b>
Initial Contact and Evaluation	YES	NO
Eligible for Part C Only	NO	YES
Eligible for Part B – Prolonged Assistance	YES	YES
Transition at Age 3	YES	NO

Notes:

## THE IFSP PROCESS

The purpose of the IFSP is to identify the needs of eligible children and their families as related to the child's disability. Additionally, the IFSP clarifies the specific goals the family has for their child and creates a plan for the early intervention services, strategies and activities the IFSP team members will use to accomplish the family's goals.

The specific requirements of the Individualized Family Service Plan include:

- Statements of the child's present level of development in cognitive, speech/language, social/emotional, motor, and adaptive domains;
- A statement of the family's strengths and needs related to enhancing the child's development;
- A statement of major outcomes expected to be achieved for the child and family;
- The criteria, procedures and timelines for determining progress;
- The specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency and intensity of service;
- The projected dates for initiation of services and expected duration;
- The name of the service coordinator; and,
- Procedures for the transition from early intervention into preschool program.

Additionally, the IFSP process and document functions as:

- A communication device between service delivery systems and the family;
- Resolution process for differing opinions regarding the family's needs;
- A written commitment of the resources to be offered to the family;
- A management tool to ensure that each child is provided services most appropriate to their needs;
- A self-compliance monitoring document;
- An evaluation device for use in determining the extent of each child's progress toward their outcomes.

The Initial IFSP must be completed within 45 days after receipt of referral. The Initial and Annual IFSP are dated to begin the day of the meeting and extends 365 days or to the child's 3<sup>rd</sup> birthday, whichever is shorter. The IFSP is reviewed every six months OR more frequently if the family requests; or other conditions warrant. The six month and/or any other reviews that are held during the IFSP period may be carried out at a meeting or by another means, such as a phone call, that is acceptable to the parents and other participants. Detailed explanation is included in this guide on the page by page, line by line, information which follows.

Whenever in doubt about what is required for Birth to 3 Connections program, refer to the Federal Regulations for Individuals with Disabilities Education Act Section 303—Early Intervention Program for Infants and Toddlers with Disabilities and the Administrative Rules of South Dakota Title 24, Article 24:14 Early Intervention.

Notes:

## DEVELOPING OUTCOMES, STRATEGIES, & CRITERIA

When developing outcomes, strategies, and criteria the answer to these five fundamental questions should be YES:

1. Do the child's therapeutic goals make practical sense; will their achievement make a real difference in the lives of the child and family?
2. How is the child's progress being measured? If the child is not progressing, is there a formal process to discontinue therapy or change its course (e.g. regimen, therapist, location, type)?
3. Are the therapeutic interventions as much a part of the child's day to day life (at home, play, daycare) as they might be?
4. Are the parents, day care providers and other individuals present in the child's life as involved in the planning and provision of therapeutic services as they could be?
5. Are the professionals involved in assessing the child and in planning the therapeutic services experienced in serving children with similar disabilities and/or are they consulting with others who are?

On the IFSP
Each outcome statement along with the strategies, services to consider, resources, and location is addressed on page 5(a), 5(b), etc.
Each service the team determines to be needed is also recorded on the service page 6 or other services page 7, as appropriate.
Every service listed must be included within an outcome.

### OUTCOMES

A statement(s) of the changes family members want to see for their child or themselves.

- Each statement should be written in family sensitive language
- Can focus on any area of child development or family life that a family feels is related
- Must be functionally stated in terms of what is to occur (process) and what is expected as a result of the actions (product)
- Often phrased as "in order to" statements (something is done in order for something else to be attained)

The outcomes form the base of discussion, and together with other IFSP team member input begin to design the array of services and activities that will be provided for the child and family

### STRATEGIES

Activities and services that will be used to bring about the family's desired outcomes.

- ♦ Should focus on mobilizing the family's own resources and informal support networks
- ♦ Should clearly state the family and professional actions needed to bring about outcomes

### CRITERIA

Used to determine the degree to which progress is being made in achieving desired outcomes.

- Measurement criteria should fit the intent of the outcome
- The family's definition of success should be the primary criteria for outcome evaluation

## PROCESS FOR DEVELOPING OUTCOMES AND STRATEGIES

OUTCOMES	CRITERIA	CHOICES	STRATEGIES	
A statement of what the family wants and the process necessary to make it occur.	How progress will be determined; primarily parent's perception.	Brainstorming of all possible ways to reach the outcome-services, resources, practical ways, alternatives from which to choose.	Describes what must happen in order for the child to reach the outcome.	
FAMILY DESIRES + PROCESS	IS THE PARENT SATISFIED?	POSSIBLE CHOICES	WHAT MUST HAPPEN? WHO, WHAT, WHERE?	
<p><b>Family Desires:</b> Want Ryan to be less frustrated, to get his needs met, to play with friends.</p> <p><b>Process:</b> Ryan will learn to talk.</p> <p><b>Process + Family Desires = Outcome</b> Ryan will be able to talk in order to get his needs met, play with friends, and be less frustrated.</p>	<p>Parents, teachers, and therapist(s) will determine progress.</p> <ul style="list-style-type: none"> <li>Is Ryan less frustrated?</li> <li>Is Ryan playing with others?</li> <li>Is Ryan getting along better in day care?</li> <li>Is Ryan using more words to get his needs met?</li> </ul>	<p>(Parent request speech therapy)</p> <p>*Speech Therapy (Professional explains speech therapy goals to maximize exposure to words, modeling, expanding and encouraging repetition) activities, such as:</p> <ol style="list-style-type: none"> <li>Naming objects, toys</li> <li>Picture reading</li> <li>Simple stories</li> </ol> <p>(Parent: "We do that at home.")</p> <p>*Family activities, such as:</p> <ul style="list-style-type: none"> <li>Mom, dad, brother, sister doing above</li> </ul> <p>*Songs, Finger Plays (Parent: "They do those in day care") (Professional: "We could observe and help day care teacher")</p> <p>*Teacher assist day care staff (Parent: "Any ideas and information for us?")</p> <p>*Parent groups</p> <p>*Printed information, videotapes</p> <p>*Hanen Language Program</p> <p>*Home visits - teacher</p>	<p>Continue naming, reading stories, singing</p> <p>Providing information on Hanen Language group</p> <p>Emphasize language in day care, visit/observe class, help day care staff 1 X per week at day care</p> <p>Expand language at home; give new ideas – monthly home visit</p> <p>Provide information for home – videos, printed materials</p> <p>Speech consultation with teacher, parent, day care 1 X per month</p> <p>Speech reassessment in 3 months</p>	<p>Family</p> <p>Therapist</p> <p>Day care</p> <p>Teacher</p> <p>Family Teacher</p> <p>Therapist Teacher Parents</p> <p>Therapist</p>

## **ISFP Review Process**

A periodic review of the IFSP for a child's family is conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine (1) the degree to which progress toward achieving the outcomes is being made and (2) whether modification or revision of the outcomes or services is necessary.

All IFSP meetings must be conducted in settings and at times that are convenient to families. Additionally, they must be conducted in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

### **Participants at the review meetings:**

1. Parent(s) or surrogate parent(s) of the child
2. Other family members, as requested by the parent, if feasible to do so
3. An advocate or person outside the family, if the parent requests that the person participate
4. The Service Coordinator that has been working with the family since the initial referral of the child for evaluation, or who has been designated by the contractor to be responsible for implementation of the IFSP
5. If conditions warrant, provisions must be made for the participation of other representatives.

### **Preparing for the Six-Month Review:**

Each child's IFSP will be developed according to the needs of that specific child and family. As a general rule, the following activities would be included in the development of the six-month review:

1. One month prior to the due date of the six-month review, the Service Coordinator will contact the family and team members and establish a convenient meeting time and place.
2. At least five days prior to the scheduled meeting, the Service Coordinator will send the prior notice for the meeting to all team members.

<b>On the IFSP</b>	
Team members/therapists verbally review outcomes and rate the degree of progress for each. Document comments made by team members that support the need for additional services or decrease in services, reassessment information and results, transitional issues for the child and family, etc.	Page 5
If warranted, and team concurs, new outcomes and services are added	Page 5
Team reviews early intervention services page to document the changes in services that may have occurred	Page 6
All changes are noted on the Modification/Revisions Checklist	Page 9
Parent signs consent for the modification of services	Page 10
Service coordinator ensures everyone signs in for the meeting	Page 10

## **SUBSEQUENT EVALUATIONS**

The Office of Special Education and Birth to 3 Connections understands and supports the need for ongoing assessment and subsequent evaluations once a child has been determined eligible for services through an Individual Family Service Plan. One of the fundamental factors that would encourage subsequent evaluations is the premise that through early intervention services, children will make progress and achieve age appropriate developmental skills. Team members may even contemplate decreasing or discontinuing a service for a child because the progress has been significant and the child has reached an age appropriate level.

There are instances where children do not make progress as expected. In those situations, the IFSP team may determine the need for further testing to determine if more intensive services or additional services are needed.

The following required procedures are to be used when considering the need for subsequent evaluations after eligibility has been determined. Additionally we hope to provide clarification as to how the results of the evaluations may effect the child and family's eligibility for ongoing services in the Birth to 3 Connections Program.

- If a child shows a possible delay in a developmental area that was not initially observed, the team should consider a less invasive process such as a screening or an assessment of that developmental area only. By conducting a screening, the team may avoid an unnecessary, time consuming evaluation. If the screening does indicate a "red flag" the concern and need for an evaluation is validated.
- Informed parental consent must be received prior to any evaluation, including a subsequent evaluation. It is critical to ensure that parents understand that by giving consent for a subsequent evaluation, it may mean a possible change in eligibility. Because program requirements are based on evaluation scores, (other than medical diagnosis) the new scores could result in a possible change of providers, change of programs, or possibly no program at all.

- Comprehensive evaluations must be done on the child if the team is considering discontinuing all services on an IFSP. Example: Child is two years old and has mastered several outcomes in one or more areas of development. The team feels confident that the child is “caught up” and would like to graduate the child early. In order to discontinue services and close the IFSP, i.e. early graduation, new comprehensive evaluations must be done. The evaluations must be done in a multidisciplinary manner, covering all areas of development, (not just the areas where the child was receiving services) and the evaluations must be standardized. The comprehensive evaluation is essential in order to ensure that the child has no other developmental area that is delayed and inadvertently overlooked by the team. Hopefully, the test results will confirm the team’s decision to discontinue services.
- If the team is considering discontinuing a single service only, a standardized evaluation must be done focusing on that one developmental area only. Special consideration must be given to ensure that the evaluation tool allows this to occur without compromising the validity of the test results.
- If the team is considering adding a service, an evaluation would be needed only if the child didn’t show a need for that service at their initial evaluations. In some instances, the family may have declined a service initially, in order to concentrate on a particular developmental area. The team may begin that service at a later date without an evaluation.
- If a subsequent evaluation in one area of development is done within the year after initial evaluations, and new test results now reflect -2 SD in two areas, this would change eligibility from Part C to Prolonged Assistance. In consideration for the school district’s position, they should be notified if there is a possibility that eligibility could change from Part C to Prolonged Assistance. The same consideration should be made if there is a possibility that eligibility could change from Prolonged Assistance to Part C.

## Ongoing Assessment

Ongoing assessments of the child are completed at the discretion of the therapist providing early intervention services. Information gained from the ongoing assessment should be shared with team members and may warrant a review of the child’s IFSP. It is important to note that there is a significant difference between evaluation and assessment. According to 303.322(b)(i) and (2) of the Federal Register, “Evaluation” means the procedures used by appropriate qualified personnel to determine a child’s initial and continuing eligibility under this part, consistent with the definition of “infants and toddlers with handicaps” in § 303.322c(i), including determining the status of the child in each of the developmental areas. “Assessment” means the ongoing procedures used by appropriate qualified personnel throughout the period of a child’s eligibility under this part to identify (i) the child’s unique needs; (ii) the family’s strengths and needs related to the development of the child; and (iii) the nature and extent of early intervention services that are needed by the child and child’s family to meet the needs. *Please refer to Subsequent Evaluations and Glossary for more information*

## Placement in Hospitals

When a child on an IFSP is hospitalized, the goal in all cases is for a smooth continuation of services. Each individual child situation must be handled on a case by case basis. First the service coordinator should find out if the family wants services during the hospitalization. This usually depends on the expected length of hospital stay and the reason for the hospitalization. If the length of stay is just for a couple of days/week, the IFSP team might consider providing services an additional time(s) the week before or week after hospitalization so that service frequency and intensity are maintained. This would allow, with parent's permission, for service(s) to not need to be provided during the short hospital stay. If services are to be provided while the child is hospitalized, the IFSP team should consider who will provide services and at what frequency and intensity (which should stay the same unless doctor is requesting a change due to the reason for the hospitalization). If the child is in need of prolonged assistance the school district must decide how they will provide/pay for the services in the hospital. For extended hospitalizations out of the immediate area, referral to appropriate Part C agencies can be made with consideration being made as to the child's condition and parents needs. A release of information must be signed to release the records on the child unless the hospital and doctor are identified as team members on the IFSP.

## Make-Up Services

Development of the IFSP must be in accordance with ARSD 24:14:13:04 which states that the IFSP must include the number of days or sessions that a service is provided, the length of time the service is provided during each session, the projected dates for the initiation of the service, and the anticipated duration of services.

A service provider's responsibility is to ensure that the service(s) is made available to the child in accordance with the IFSP.

In situations where a child misses a session because of the family's or physician's decision, the provider's responsibility is to make the IFSP service available to the child at the normally scheduled time. The provider is not obligated to make other arrangements to provide services. However, if the child misses for a prolonged period of time it may be appropriate for the IFSP team to conduct a meeting to review the child's current IFSP to determine if it is necessary to modify the child's current service plan.

In situations where the service provider(s) is not available at the regularly scheduled time, the service provider(s) would be required to make arrangements with another provider to provide the services at that time or reschedule the required IFSP services.

## Natural Environments

Natural environments are where children without disabilities spend their time. Part C of the Individuals with Disabilities Education Act Amendments of 1997 says that to the maximum extent appropriate, early intervention services must be provided in natural environments, including home and community settings in which children without disabilities participate. Services can only be provided in a setting other than a natural environment when early intervention cannot be achieved satisfactorily in a natural environment. [ARSD 24:14:01:01 and 24:14:13:04]

Providing services in natural environments is not just the law. It reflects the core mission of early intervention, which is to provide support to families to help their children develop to their fullest potential, and allows children and families to more fully participate in their communities. We have learned many important things about how infants, toddlers, and families can benefit most from early intervention.

### What We Have Learned?...

- Families participate in many, many teaching opportunities throughout the day but often do not recognize the significance of the “stuff” of everyday life. Young children learn best when they are taught skills like eating, playing, moving, and communicating during the times and in the places where they need to eat, walk or talk.
- Family members and other care providers need support to provide children with learning opportunities. Early intervention can assist them in helping their child acquire the skills he/she needs. New skills are best learned from people and peers the child prefers. The traditional hands-on direct therapy approach is not enough for children. All care providers need to feel confident in helping children practice skills in settings where they live, learn, and play and at times throughout the day.

Friends, neighbors, child care providers, play groups, churches, libraries, and other community supports enhance the quality of every family's life. Services provided in natural environments support and encourage families to find and strengthen natural supports outside the early intervention system. These supports established when the child is young, are likely to remain throughout his/her school career and into adulthood.

- Young children with delays or disabilities have difficulty taking skills they learned in a therapy room or special classroom and transferring to places like the park or their living room or church nursery.
- Children who do not receive early intervention in natural environments are more likely to spend their adult lives living and working in segregated settings.

## What Isn't a Natural Environment?...

Places that children usually go because they have disabilities or medical issues, such as clinics, hospitals, therapy offices, or training centers are not natural environments. Segregation of children with special needs often leads to further isolation. It limits the opportunities for social interaction for both children and families. Children with special needs must have the experience of living, playing, and communicating in the “real world” so they can use these skills to lead independent adult lives.

*Information source: Georgia State Interagency Coordinating Council Fact Sheet on Natural Environments*

If the IFSP team determines that early intervention cannot be achieved satisfactorily in a natural environment and is considering service provision in a location other than a child's natural environment, the IFSP must show sufficient documentation to support the team's decision. The documentation must reflect that the child's outcomes could not be met by providing the service in the child's natural environment, even with supplementary supports that could be provided by early intervention. The justification must be reconsidered at least every six months, documented on the IFSP and include:

1. An explanation of how and why the team determined that the child's outcomes could not be met by providing the service in the child's natural environment. All natural environments need to be explored and eliminated as possible location options. Documentation should include other locations that were discussed as possible options.
2. How services provided in this location will be generalized to support the child's ability to function in their natural environment, they must also show how the skills will be transferable to a natural environment and learning opportunity for the child.
3. The plan must include timelines that show when and how the team will move towards providing the service in the natural environment.
4. Location for each service on the IFSP must be determined separately. The team cannot use the justification for one service as a blanket justification for all the child's early intervention services to occur in the other setting.

Notes:

<b>On the IFSP</b>	
All About My Child is an optional page of the IFSP that is designed to capture information about possible learning opportunities the team could work with in deciding how, where, when, and with whom services could be done.	Optional Page
<p style="text-align: center;">Location Codes:</p> <ol style="list-style-type: none"> <li>1. 200 – <u>Home</u>. Services provided in the principle residence of the child’s family or caregivers.</li> <li>2. 210 – <u>Program Designed for Typically Developing Children</u>. Services are provided in a program regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, regular nursery schools and child care centers.</li> <li>3. 230 – <u>Service Provider Location</u>. Services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services. These services may be delivered individually or to a small group of children.</li> <li>4. 240 – <u>Program Designed for Children with Developmental Delays or Disabilities</u>. Refers to an organized program of at least 1 hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental child care programs.</li> <li>5. 250 – <u>Hospital (Inpatient)</u>. Refers to a residential medical facility. Child must be receiving services on an inpatient basis.</li> <li>6. 260 - <u>Residential Facility</u>. Refers to a treatment facility that is not primarily medical in nature, where the infant or toddler currently resides.</li> <li>7. 270 – <u>Other Setting</u>. Any service setting not included in the settings or programs listed above. For example, if the only component of the infant’s early intervention services is parent counseling during which the child is not present, and the child receives no direct services, count as “other.”.</li> </ol>	Page 6
Description of natural environments that are settings natural or normal for the child’s age peers who have no disability, in which early intervention will be provided. Include justification of the extent, if any, to which the services will not be provided in a natural environment.	Page 6

**Notes:**

## Transition

During the IFSP review and revision, it will be the responsibility of the service coordinator to determine with the team when transition activities should occur; and to then plan with team members the timely and appropriate steps and assignments to individual IFSP team members and others. A transition example would be when a child prior to age three does not continue to be Part C eligible. This may mean transition to other community services. The IFSP team should assist the family in identifying appropriate and available services and assist in referral to these.

Not all children receiving early intervention services can be expected to transition to Part B Special Education services at age three, due to differing eligibility criteria. Additionally, children within the age eligibility for Part C may not remain eligible for early intervention services but still require supportive, including social and other, community services.

It is important that information on appropriate procedural safeguards be provided to the family by individuals trained and competent with these obligations, rights and responsibilities.

In situations where children are identified at age 2 or older as being eligible for Birth to 3 Connections services, it is suggested that the planning for programming and transition occur at the same time. In doing this, all the appropriate persons should be involved from the beginning of the child's services. This can assist in reducing or eliminating the need for multiple evaluations, along with preventing a gap in services and support. It is within federal and state regulations (300.342 & ARSD 24:05:25:22) to write an IEP during an IFSP review meeting and date the IEP to begin on the child's 3<sup>rd</sup> birthday. The child would continue to receive services under the IFSP until the IEP goes into effect on the child's third birthday. It has been common practice in our state to write an IEP during the transition process for children who are eligible for Part B after the child's 2<sup>nd</sup> birthday (usually between 30-36 months of age) in order to make the transition as smooth as possible and avoid a gap in services between the two programs whenever possible.

<b>On the IFSP</b>	
Use the Transition Planning Checklist to discuss specific activities and planning strategies for the child and family at least 90 days prior to age three. Document the activities planned to ensure a smooth transition for the child and family. Transitions that often occur in early intervention may include going home from the hospital, meeting a new home visitor, finding a new daycare, etc. Transitions occur any time there is movement from one program to another or one set of services to another.	Page 8

The Transition Flow Chart on the following two pages may be a useful reference.

## Transition Flow Chart

Service coordinator will identify all children preparing to transition off of an IFSP.

Service coordinator identifies relevant factors and develops timelines for each child's individualized transition process. Special circumstances such as a summer birthday, planned hospitalizations/surgeries are examples of factors that must be taken into consideration.

One month prior to the 90 day transition/review meeting, all key players are identified and invited to the child's upcoming transition meeting. This meeting could be held in conjunction with the review or annual meeting that occurs prior to the child's 3<sup>rd</sup> birthday. It must occur no later than 90 days prior to the child's 3<sup>rd</sup> birthday as stated in ARSD 24:14:13:05. Transition from early intervention program (4). Procedures for convening, with the approval of the family, a conference between the Birth to 3 Connections program, family, and local education agency at least 90 days before the child is eligible for the preschool program under Part B of the Individuals with Disabilities Education Act, in accordance with state law. Key players should include all current IFSP service providers and local school district representative, and/or other receiving program providers.

With parent permission, the service coordinator will formally refer children to the local school district and other receiving program. Children would not be referred if the family declined permission. It is suggested that children who graduate early from Birth to 3 Connections' services be placed in a tracking system until their 3<sup>rd</sup> birthday.

With parent permission, the service coordinator will arrange to transfer relevant documentation from the early intervention record to the local school district or other receiving program.

The local school district will conduct an informal review.

ARSD 24:05:24:01 Referral. Referral includes any written request which brings a student to the attention of a school district administrator (building principal, superintendent, or special education director) as a student who may be in need of special education. A referral made by a parent may be submitted verbally, but it must be documented by a district administrator. Other sources of referrals include the following: 1) referral through screening, 2) referral by classroom teacher, 3) referral by other district personnel, and 4) referral by other public or private agencies.

ARSD 24:05:24:02 Duties of a district after referral. Upon receiving a referral the school district shall conduct an informal review or may proceed with the evaluation process. An informal review includes a conference, if appropriate and necessary, either in person or by telephone, with the person making the referral and a review of the student's school record. (i.e. early intervention record)

ARSD 24:05:24:03 Duties of a district after informal review. If, after an informal review arising from a parental referral, the district determines that no evaluation is necessary, the district shall inform the parents of its decision and the reason for the decision. It shall also inform the parents of their due process rights. If after informal review, the district determines that further evaluation is necessary, the district shall conduct a multidisciplinary evaluation with the consent of the parents.

The local school district has the responsibility of determining eligibility for special education or special education and related services. Following their determination, there will be two possible situations that could occur.

<p>#1 Develop an Individual Education Plan effective on the</p>	<p>#2 Utilizing the local resources that are available via the</p>
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child's 3<sup>rd</sup>

birthday and provide FAPE. ARSD 24:05:13:02 Free appropriate

public education defined. Special education and related services OR

which meet the following requirements:

- Are provided at public expense, under public supervision and direction, and without charge;
- Meet the standards of the state board in this article and the implementing regulations for Part B of the Individuals with Disabilities Education Act as in effect June 4, 1997, and 34 C.F.R. Parts 300-302, published in the Federal Register on March 12, 1999;
- Include preschool, kindergarten, elementary school, and secondary school education in South Dakota; and
- Are provided in conformity with an individual education program and this article.

Birth to 3

Connections program, make referrals that are appropriate for the child and family. The team may want to come up with activities that the family can continue at home that support the child's development. Some examples could be simple exercises, games or flash cards that can be used. The team could also consider providing a checklist or simple assessments that the parents can use at home to monitor progress. Parents should receive assistance in becoming aware of the community resources that are available. Build a list of local options and share the list with the family. Here are some suggestions as places to start: Head Start, private preschool, library activities for young child such as story time or craft lessons, retired senior volunteer programs, summer recreation programs, YMCA classes such as swimming, gymnastics, Even Start programs, and private service providers, i.e. physical therapist.

**The local school district will inform the service coordinator if the child does not qualify for an IEP in order for the community resources to be reviewed with the family.**

The Office of Special Education makes follow-up contact with parents using the Birth to 3 Connections Transition Questionnaire.

*A technical assistance booklet is available from the South Dakota Office of Special Education called MAKING CONNECTIONS: A Guide for parents and providers on transition from Birth to 3 Connections. The guide is designed to help providers and families whose children will be transitioning from an IFSP (Individualized Family Service Plan) Part C to an IEP (Individualized Education Plan) Part B of the Individuals with Disabilities Education Act.*

## Accepting an Out-of-State IFSP

When a child and family move to South Dakota from another state with an IFSP in place we need to make the transition as smooth as possible. In the best case scenario, we could just use the existing IFSP and find similar services in our local community. However, there are differences in eligibility from state to state which could prevent an easy transition. The following protocol may be useful as you proceed with an out-of-state referral.

1. Contact the family (or they may have already called you).
2. Contact the appropriate school district regarding the referral.
3. Set up a home visit with the parents to review their current IFSP and evaluation data.
4. Describe Birth to 3 Connections program and explain eligibility criteria for South Dakota. It is conceivable that a child qualifies in one state and not in another. Federal regulations allow each state to establish their own eligibility criteria so transition issues across state lines are inevitable. It is important for families to understand this at the outset.
5. Start a permanent file, obtaining parent permission to obtain and transfer appropriate records. If obtaining records, especially evaluation information, from out-of-state sources proves to be difficult, it is recommended that new evaluations be scheduled locally in order to avoid delay in determining eligibility for services in South Dakota.
6. With parent consent, schedule and hold a review meeting with appropriate team members to provide services as written on the out-of-state IFSP. Local resources may dictate a slightly different look to the services.
  - Add an outcome that addresses any additional evaluations needed to determine eligibility In South Dakota. If existing evaluations are available and meet South Dakota criteria, this step is not necessary and the team could proceed to step 7.
  - Submit review meeting documentation which would include page 1, 5a (the eval outcome if necessary), 6, 9 & 10 of the SD IFSP form attached to a copy of the out-of-state IFSP.
  - If additional evaluations are needed to determine eligibility, submit a PLR for the services that will be provided pending eligibility determination for South Dakota Birth to 3 Connections program.
7. Hold an IFSP meeting that consists of determining eligibility based on the evaluation scores that were acceptable from the out-of-state evaluation(s) and/or those that were done to meet SD criteria. Proceed as you would with any new in-state IFSP referral. This meeting should occur as soon as possible, but no later than 45 days from date of referral.

## Payor of Last Resort

At each IFSP meeting, initial, annual and review, financial responsibilities for the early intervention services must be discussed. Local funding options must be thoroughly explored and exhausted prior to applying for payor of last resort funds. Payor of last resort funds may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other federal, state, local or private source.

On the IFSP	
The child's evaluation scores and/or present levels of performance information must indicate a need for a service in that particular developmental area.	Page 4
The list of the 16 most common early intervention services cited in ARSD 24:14:08 in not exhaustive.	Page 6
The service must be associated with an outcome, i.e. child's evaluation data suggests physical therapy should be considered because of significant delays in gross motor development. Team concurs this is necessary. An outcome is written to support what the family and team would like the child to accomplish on page five. Physical therapy is written on page six along with the frequency, intensity, agency responsible, financial responsibility, etc.	Page 5

Notes:

Use of the state suggested PLR form will assure that all required information is included for completion of the PLR process. *A copy of the PLR form may be found in the appendix.*

<b>On the PLR</b>	
<ul style="list-style-type: none"> <li>• Enter the name of the child eligible for Birth to 3 Connections</li> <li>• Enter the child's birth date</li> <li>• Enter the name of the child's parent or surrogate parent</li> <li>• Enter the current mailing address, city, state, and zip code of the family</li> <li>• Enter the name of the local Birth to 3 Connections program serving the family</li> <li>• Enter the name of the service coordinator (or person completing the form), the local Birth to 3 Connections program, and the daytime telephone number(s).</li> </ul>	Cover page
<p><b>Service coordinator signature:</b> Service coordinator signature in this blank is a required step of this application process. The service coordinator must be included in this application process by the applying parties, and the form must flow first through the service coordinator, then on to the designated Education Program Representative(EPR) at the Office of Special Education (OSE). The OSE will not accept applications without the appropriate procedure. The service coordinator's signature documents that all other funding options were researched before submission of the PLR.</p>	
<p><b>Comments:</b> The service coordinator should enter comments and insight regarding the special conditions of the needed services and any additional information needed to construct a case for funding. Please list resources that have been explored or exhausted prior to submission of this form. Indicate whether the child is eligible for Prolonged Assistance with the local school district.</p>	
<p><b>Bottom box:</b> This is for Office of Special Education use only.</p>	
<p>Identify the type of request. If a request has not been made for this child before, check "Initial Request." If a request has been made before and this is to renew the request, with or without changes, check "6 Month Review Request." If you are making this request for any other reason, for example because a funding source has changed or services have changed, please check "Other" and write in an explanation.</p>	Estimated Expense page
<p>Enter the name of the child eligible for Birth to 3 Connections. List the beginning and ending dates of services, which should not exceed six months without consulting OSE.</p>	
<p>Enter the name, mailing address (if different from physical address), and other information for each agency billing for services that you plan to list in the service table below. Include all information called for in the billing agency table, to expedite reimbursement and authorization of this request by the OSE. Also include information regarding estimated distances if a provider will be billing for travel time and/or mileage. Indicate if the travel is "city" or "rural."</p>	
<p>In the service table, list each service, the number of units per day/week/month as appropriate, the cost of each 15-minute unit to be provided, and the number of days/weeks/months of the services to be rendered. Duration should be expressed in the same time period you used in the second column i.e., if you listed "x" units per <u>week</u> in the second column, please list the duration as "x" number of <u>weeks</u>. Please calculate the total cost of each line and then add up the cost of the entire PLR and write that in the "Total" column. If you do not have enough space in the service table to list all services to be provided or were not able to fit all the service providers in the agency table, please add a second page. Add any comments or explanations you feel are necessary to justify or clarify the figures on this estimated expense sheet.</p>	

## BILLING / REIMBURSEMENT PROCEDURES

In order for a service provider to bill Birth to 3 Connections for services rendered, they must have a signed Provider Agreement on file with the Office of Special Education. Rates have been established

and may be found in Administrative Rules of South Dakota 24:14:04:12. The Service Coordinator for the child being served exhausts all other funding sources before submitting a Payor of Last Resort (PLR) request. All PLR requests must come through the Service Coordinator.

When a service provider has received authorization to bill Birth to 3 Connections via the PLR process a triplicate billing form is enclosed with the authorization letter. *A copy of the suggested form is included in the appendix.*

## TIPS FOR COMPLETING REQUESTS FOR REIMBURSEMENTS

- **Calculating Travel Time and Mileage:** A beginning and ending odometer reading must accompany each bill for each child for mileage and/or travel time reimbursements. If a bill contains multiple mileage or travel time units for an individual child, an odometer reading must support each of these. If the mileage or travel time units remain the same, only one odometer reading per billing period needs to be reported. Indicate on the bill if the travel time is “city” or “rural. The cost per unit of travel time is 60% of the service rate. The odometer reading submitted must be used to calculate amount of mileage reimbursement and/or travel time.
- **“City”** travel time is calculated by multiplying the number of miles traveled by 3 and then dividing that by 15 minutes. Mileage is not paid for city travel.
- **“Rural”** travel time is the number of miles driven divided by 15 minutes. Mileage is the number of miles traveled paid at established State rate (.29 cents at this printing) per mile.
- **No shows and make-up sessions:** Indicate on the bill when requesting travel time and/or mileage reimbursement and not therapy why you are not requesting therapy reimbursement. For example, *no show/child ill*. Therapy time for no shows is not reimbursable, but the travel time and/or mileage are.
- If it is a make up session, indicate the date service was provided as well as the date that is being made up.
- Indicate on the bill the type of service provided. For example physical therapy, occupational therapy, PT travel, special instruction travel, etc

## Appendix A

# COMPLETING THE IFSP DOCUMENT

DATE: \_\_\_\_\_

IFSP TYPE: (CHECK)

☐ Interim☐ Initial☐ Annual

Review Date: \_\_\_\_\_

**ENROLLMENT INFORMATION**

Child's Name: \_\_\_\_\_

Resident School: \_\_\_\_\_

Gender: Male ☐ Female ☐

Date of Birth: \_\_\_\_\_

Birth to 3 Area: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Source of Referral: \_\_\_\_\_

Medicaid Eligible ☐ Yes ☐ No

Name of Child's Primary Care Physician: \_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_

**PARENTS/SURROGATE PARENTS INFORMATION: (Please indicate specific relationship to child)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number: Day: (      ) \_\_\_\_\_

Telephone Number: Day: (      ) \_\_\_\_\_

Night: (      ) \_\_\_\_\_

Night: (      ) \_\_\_\_\_

Best time to call: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Language/Mode of Communication: \_\_\_\_\_

Primary Language/Mode of Communication: \_\_\_\_\_

Directions to child's home: \_\_\_\_\_

**SERVICE COORDINATION INFORMATION: (Assigned after IFSP is completed)**

Name: \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City/State/Zip \_\_\_\_\_

**PAGE 1 LEGAL BASIS:** 34 CFR 303.344 (g) Identification of Service Coordinator and Section 303.404 Parent Consent, and 303.406 Surrogate Parents. ARSD 24:14:13:04 Content of IFSP and 24:14:09:01 Responsibilities of Service Coordinator, 24:14:14:05 Parent Consent, and 24:14:14:07 to 24:14:14: 11 Surrogate Parents. This page provides a summary of basic enrollment information concerning the child and family, identifying key individuals who are involved with and responsible for the child. Additionally, basic identification for the child is included. This page also provides for the identification of the child's primary medical/health care provider. This information is gathered at referral and during initial intake and eligibility determination. It is transferred to the IFSP form prior to the IFSP Development Meeting, and verified with family members at the meeting. This information is reviewed regularly and verified for accuracy every time the IFSP is reviewed or evaluated. The personally identifiable information (child name, date of birth, Social Security Number, etc.) is obtained from the parents/surrogate parents. Service coordinator should obtain the legal name of the child.

DATE	Identify the date the meeting is actually held (month, date, year)
IFSP TYPE	Indicate the type of IFSP; if the team meeting is to review the IFSP, indicate the actual date of the review meeting. Please use pages 9 & 10 to document the review.
CHILD'S NAME	State the legal name of the child, including the middle name or initial. Please avoid the use of nicknames here.
RESIDENT SCHOOL	Enter the school district where the parent resides. If the child is in foster care, enter foster parent school district.
GENDER	Indicate the gender of the child for whom the plan is being written.
DATE OF BIRTH	Enter the exact date of the child's birth (month, day, year)
BIRTH TO 3 AREA	Enter the name of the local project area where the child resides, i.e. Easter Seals, Three Rivers, Hub Area, etc.
SOCIAL SECURITY NUMBER	Enter the child's Social Security number.
MEDICAID NUMBER	Enter the child's Medicaid number, if applicable.
RACE/ETHNICITY	Enter the child's race or ethnicity: (I)American Indian/Alaskan Native; (A)Asian or Pacific Islander; (W)White (not Hispanic); (B)Black or African American (not Hispanic); or (H)Hispanic or Latino
SOURCE OF REFERRAL	Enter the person's name and agency i.e. Parent, Other Family Member, Day Care, School District, Physician, Public Health Facility, Hospital, Other Health Care Provider, Other Social Service Agency.
NAME OF PHYSICIAN & TELEPHONE	The service coordinator also obtains the name and telephone number of the child's primary care physician. If a physician is not identified, the service coordinator may work with the family members to identify and obtain primary health care for the eligible child.
PARENT/SURROGATE NAME(S) & RELATIONSHIP TO THE CHILD	Parents/surrogate parents information is obtained to indicate the individual who has legal custody of the eligible child, and identifies who is authorized to provide consent for Birth to Three Connections. If the eligible child is a ward of the State of South Dakota or no parent can be identified or the parents' whereabouts cannot be determined, a Surrogate Parent will be assigned by the Service Coordinator in conjunction with the local education agency, or its designee. This individual is authorized to act on behalf of the child for purposes of Birth to 3 Connections, and provides informed written consent. Foster Parent may also be listed here, along with legal parent if appropriate.
TELEPHONE (DAY/NIGHT)	Enter the appropriate numbers. Indicate day/night for future reference. If no phone enter N/A
BEST TIME TO CALL	Enter the time of day the parent prefers to be contacted
MAILING ADDRESS TOWN/CITY /STATE/ ZIP	Enter the correct mailing address components to ensure correspondence delivery.
PRIMARY MODE OF COMMUNICATION	Parents/surrogate parents will indicate their primary language or other mode of communication so that all IFSP providers can be aware of any special arrangements, such as interpreter services, that should be considered and obtained.
DIRECTIONS TO CHILD'S HOME	Enter clear directions to navigate to the child's residence.
SERVICE COORDINATION INFORMATION	The assignment of on-going service coordinator is made at the end of the IFSP development meeting and should be entered on page 1 of the IFSP form in the space provided. This is the individual selected by the IFSP team who will assist the family in IFSP implementation, review and monitoring, and annual evaluation responsibilities.
NAME	Enter the name(s) and agency(s) of the service coordinator(s) assigned by the team.
TELEPHONE	Enter the telephone number of the service coordinator(s).

The meeting was conducted in \_\_\_\_\_  
(family's primary mode of communication)

FAMILY SERVICE PLANNING TEAM			
IFSP Meeting Participants: The following individuals attended the IFSP meeting and participated in the development of this IFSP.			
SIGNATURE	TITLE/AGENCY	ADDRESS	TELEPHONE
	PARENT/		
	PARENT/		
	SERVICE COORDINATOR/		

IFSP Input: In addition to IFSP Team Meeting participants, this plan was developed with information provided by the following person(s):			
NAME	AGENCY/ROLE	ADDRESS	TELEPHONE

**PAGE 2 LEGAL BASIS:** 34CFR 303.343(a) Participants in IFSP meetings ARSD 24:14:13:06 Participants in IFSP meeting. This page documents those individuals who helped with the development of the IFSP. It distinguishes those who were present in person from those who participated by other means. A meeting must always include the Parent and Service Coordinator. Other participants may be required depending on the purpose of the meeting.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
MODE OF COMMUNICATION	Enter the family's primary mode of communication in which the meeting was actually conducted, i.e. oral English, sign language, oral English with Spanish interpreter, etc.
<b>FAMILY SERVICE PLANNING TEAM</b>	After enrollment information on page 1 has been verified with family members, a general discussion of the membership and contributions of various IFSP team members should occur. Families are encouraged to identify persons within their community and family that would be of support and assistance to them, and consider including these individuals on the IFSP team. The initial meeting and each annual meeting to evaluate the IFSP must include the Parent(s), Service Coordinator, Service Provider(s), and Evaluators (who may participate in person, via conference call, knowledgeable designee who is present, or written report). Each periodic review must provide for the participation of the Parent(s), Service Coordinator, and if conditions warrant, provisions must be made for the participation of other representatives appropriate to the service(s) being reviewed. Participants are to be identified on the parental prior notice.
SIGNATURE	Parent/surrogate parent signature on this page indicates participation in the development of the IFSP. This signature does not indicate agreement with the IFSP as written, nor is it consent for implementation. Parent/surrogate parent signature here is simply a statement that the parent/surrogate parent has participated in the IFSP development activities. Other IFSP team participants present at the meeting sign their names, indicating their personal participation and commitment to assist the child's family and the on-going Service Coordinator in the implementation of the outcomes and recommended strategies and activities. Official parent consent for services is documented on page seven of the IFSP.
TITLE/AGENCY	Each team member should indicate the agency or affiliation they represent as a team member.
ADDRESS	Enter the correct mailing address components to ensure correspondence delivery.
TELEPHONE	Each team member should enter the telephone number where they can be reached for information related to the IFSP
IFSP INPUT	This section should be used to record team members' names and affiliation, etc. if they provided input but were unable to attend in person. Columns should be completed as indicated above for those actually in attendance.

**NOTES:**

CHILD'S NAME:

DATE:

## FAMILY CONSIDERATIONS FOR THE INDIVIDUALIZED FAMILY SERVICE PLAN

NOTE: THIS SECTION IS OPTIONAL UPON INFORMED, FAMILY CONSENT.

Family declines ☐

Parent's Initials \_\_\_\_\_

1. PLEASE DESCRIBE WHAT YOU BELIEVE THE STRENGTHS OF YOUR FAMILY ARE IN MEETING YOUR CHILD'S NEEDS.
  
2. WHAT TYPE OF HELP WOULD YOU WANT FOR YOUR CHILD AND FAMILY IN THE MONTHS OR YEAR AHEAD?
  
3. BIRTH TO THREE CONNECTIONS MAY BE ABLE TO HELP YOU TO IDENTIFY AND LOCATE A VARIETY OF RESOURCES/INFORMATION TO ADDRESS SOME CONCERNS THAT YOU OR OTHER FAMILY MEMBERS HAVE. PLEASE CHECK ( ✓ ) BELOW ANY AREAS YOU WOULD LIKE TO LEARN MORE ABOUT.

## FOR YOUR CHILD:

## FOR YOUR FAMILY:

- \_\_\_ Getting around
- \_\_\_ Communicating
- \_\_\_ Learning
- \_\_\_ Feeding, nutrition
- \_\_\_ having fun with other children
- \_\_\_ Challenging behaviors or emotions
- \_\_\_ Equipment or supplies
- \_\_\_ health or dental care
- \_\_\_ pain or discomfort
- \_\_\_ vision or hearing
- \_\_\_ Other:

- \_\_\_ meeting other families whose child has similar needs/support group
- \_\_\_ finding or working with doctors or other specialists
- \_\_\_ coordinating your child's medical care
- \_\_\_ finding out more about how different services work or how they could work better for you
- \_\_\_ planning or expectations for the future
- \_\_\_ information about other available resources
- \_\_\_ transportation
- \_\_\_ legal/advocacy advice
- \_\_\_ remodeling/making adaptations to your home
- \_\_\_ parenting skills training

- \_\_\_ child care
- \_\_\_ finding or working with people who can help you in the home/care for your child so that you can have a break
- \_\_\_ housing, clothing, jobs, food, telephone services
- \_\_\_ family training
- \_\_\_ information/group activities for brothers, sisters, friends
- \_\_\_ relatives, others
- \_\_\_ information about the disability or diagnosis
- \_\_\_ help to cover the extra costs of child's special needs
- \_\_\_ help with insurance/SSI/Medicaid
- \_\_\_ recreation
- \_\_\_ Other:

4. WHAT ELSE DO YOU THINK WOULD BE HELPFUL FOR OTHERS TO KNOW ABOUT YOUR CHILD AND FAMILY?
  
5. ARE THERE OTHER CONCERNS YOU WOULD LIKE TO DISCUSS?

**PAGE 3 LEGAL BASIS:** 34 CFR 303.344(b) Family Information and Section 303.405, Parent right to decline services. ARSD 24:14:12:03 Family-directed identification of needs, 24:14:13:04(2) Content of IFSP, and 24:14:14:06 Parent right to decline services. The family assessment is optional upon informed, family consent. This section provides an opportunity for the IFSP team to document family resources, priorities and concerns in the IFSP.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page every time in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
<b>FAMILY CONSIDERATIONS FOR THE IFSP</b>	<p>The family completes this section if they choose. If they choose not to, be sure they check and initial the "Family declines" box and the page is left blank but still included in the IFSP document. It should be revisited at subsequent meetings.</p> <p>This IFSP section is one method to document or summarize key information within the IFSP for individual families. It helps the family begin to identify the supports and services they see as necessary to enhance their capacity to meet the developmental needs of their infant or toddler. This information may be gathered at pre-meeting visits between the Service Coordinator and family. It should be reviewed at each IFSP meeting as per the family wishes. This information is useful in identifying all the services a family may need in order to promote the development of their child. Concerns identified should be addressed in an outcome or Other Services (page 7), as appropriate.</p>

#### FOOD FOR THOUGHT

The boundaries of this part of the IFSP process should be set by individual families and honored by practitioners. It is not for professionals to determine those areas of family life in which family concerns, resources, and priorities should be identified. Only families can decide for themselves which aspects of family life are relevant to their ability to help their children develop.

Family members should not be asked to provide information about themselves that does not directly relate to their priorities.

***As a rule, no information should be collected from families that isn't necessary to provide direct family-centered early intervention services or referral and linkage services.***

Assessment of family dynamics, family stresses, family relationships, and similar issues cannot be a precondition to a family's participation in services.

Families differ in the degree to which they choose to invite an early intervention program into their lives, and the IFSP process should reflect this fact. For example, child care needs should be identified as an area to address only if the family (1) identifies child care as a barrier to meeting the child's needs, and (2) specifically requests help in this area. There are many other examples listed on page 3 of the IFSP. Keep in mind these examples are listed to help generate ideas of possible concerns; they are not intended to be the only things considered.

#### DEFINITIONS

- **FAMILY CONCERNS:** Areas that family members identify as needs, issues, or problems they want to address as part of the IFSP process.
- **FAMILY PRIORITIES:** A family's agenda and choices for how early intervention will be involved in family life.
- **FAMILY RESOURCES:** The strengths, abilities, and formal and informal supports that can be mobilized to meet family concerns, needs, or outcomes.

#### PRINCIPLES FOR IDENTIFYING FAMILY CONCERNS, PRIORITIES, AND RESOURCES

- The inclusion of family information in the IFSP is voluntary on the part of families
- The identification of family concerns, priorities, and resources is based on an individual family's determination of which aspects of family life are relevant to the child's development.
- A family need or concern exists only if the family perceives that the need or concern exists.
- Families have a broad array of formal and informal options to choose from in determining how they will identify their concerns, priorities, and resources.
- Families have multiple and continuing opportunities to identify their concerns, priorities, and resources.
- Family confidences are respected, and family-shared information is not discussed casually among staff.
- The process of identifying family concerns, priorities, and resources leads to the development of IFSP outcomes, strategies, and activities that help families achieve the things they want from early intervention for their children and themselves.

<b>HOW IS MY CHILD DOING?: Summary of Child's Present Levels of Performance</b>	
To be completed by the IFSP Team, drawing from description of the child, assessments, evaluations and/or observations, for each category.	
Statement of child's current health status, including vision, hearing and physical development.	
Include a statement about: What the child knows and understands, and the process of learning (Cognition): how the child gives and receives messages (gestures, facial expression, talking) (Communication Skills); social and emotional skills; and physical development, including large and small motor development, vision and hearing; and self help skills.	
Abilities, Interests, Motivations, New Skills:	Concerns, Worries, Frustrations, Things to Work On:

Domain	Test or Observation Used	Tester/Observer/Date	Chronological or Adjusted Age	Age level or range	Standard Deviations
Cognitive					
Physical Development	Gross				
	Fine				
Communication	Receptive				
	Expressive				
Social/Emotional					
Adaptive Development					
Vision					
Hearing					

ELIGIBILITY: ☐ NO    ☐ YES:    Check: ☐ 25% Below Age Range    ☐ Six Month Delay    ☐ 1.5 Standard Deviation    ☐ Medical Diagnosis

☐ Eligibility determination includes the use of Informed Clinical Opinion    Prolonged Assistance ☐ Yes    ☐ No

**PAGE 4 LEGAL BASIS:** 34 CFR 303.344(a) Information About the Child's Status, and Section 303.322(b) and (c) Definitions of Evaluation and Assessment, and Section 303.323 Nondiscriminatory Procedures. ARSD 24:14:13:04(1) Content of IFSP, 24:14:12:02, and 24:14:01:01 Definitions of Evaluation and Assessment and 24:14:12:04 Nondiscriminatory Procedures. This page is to be completed by the IFSP team. It is intended to be a summary of the various evaluations and assessments, family member report and observation data that have been collected and reviewed during the initial intake/eligibility determination period. This page will ultimately reflect the perspective of all IFSP team members and the various formal instruments and activities that were used to determine eligibility.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page every time in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
<b>HOW IS MY CHILD DOING?</b> <b>Summary of Child's Present Levels of Performance</b>	During the initial intake period and eligibility determination activities, the Service Coordinator will collect existing reports, evaluations, including medical information, upon receipt of informed, written parental consent. This information is used by the team, which includes family members, to meet the evaluation and assessment requirements of each child. Sufficient documentation, including informed clinical opinion, must be obtained in order to determine Birth to 3 Connections eligibility, and to have sufficient information to develop outcomes and convene the IFSP team.
STATEMENT OF CURRENT HEALTH STATUS	Families assist in developing the statement of their child's current health status. Medical reports are information sources and should be incorporated into this summary.
ABILITIES, INTERESTS.....	Enter statements, using functional descriptors, which address all five domains of the child's development.
CONCERNS, WORRIES.....	Enter statement(s), using functional descriptors, addressing whichever developmental domain(s) that relate to the child's developmental challenges.
DOMAIN	The team assures that all five developmental domains have been properly evaluated, and that these evaluations have been performed by appropriately qualified personnel. Eligibility is based on multifaceted, multidisciplinary standardized test results. If sufficient documentation does not exist to determine Birth to 3 Connections eligibility, the team reviews available and existing documentation and plans for additional evaluations/assessments to assist in the eligibility determination process.
TEST OR OBSERVATION USED	For each domain, enter the name of the test used to determine the child's eligibility for Part C and Prolonged Assistance. Evaluation/Assessment Reports are maintained in the early intervention record. The IFSP team can formally include or attach specific report(s) to the IFSP and reference them on this page as appendices to the IFSP. Other evaluations may have been done to help with program planning but not used for eligibility determination purposes. These do not need to be recorded on page 4 but should be maintained in the child's permanent early intervention record.
TESTER/OBSERVER/DATE	For each domain, enter the name of the person who administered or observed the test and the date the test was administered.
CHRONOLOGICAL OR ADJUSTED AGE	For each domain, enter the chronological or adjusted age for the child at the time of testing on this line.
AGE LEVEL OR RANGE	For each domain, enter the age level or range indicated in the results of the test on this line.
STANDARD DEVIATIONS	For each domain, enter the standard deviations indicated in the results of the test on this line. For compliance purposes, precise recording of test scores is critical for appropriate determination of eligibility.
NO/YES	Indicate the child's eligibility for Birth to 3 Connections by checking the appropriate box.
25% BELOW AGE RANGE	Check this box if the results of the tests listed for the domains indicate a 25% delay below the child's age at the time of testing.
SIX MONTH DELAY	Check this box if the results of the tests listed for the domains indicate a delay of six months or more, at the time of testing.
1.5 STANDARD DEVIATION	Check this box if the results of the tests listed for the domains are 1.5 standard deviations below the mean.
MEDICAL DIAGNOSIS	Check this box if the child has a medical diagnosis that qualifies him/her for Birth to 3 Connections and eligibility was determined on this basis. The Early Intervention Record needs to include a letter from a Physician indicating the diagnosis, the prognosis for developmental delay, and possible early intervention service recommendations.
PROLONGED ASSISTANCE	Check this box if the Local Education Agency has determined that the child is eligible and in need of prolonged assistance, i.e. the child has a -2 standard deviation in two or more areas of development.
INFORMED CLINICAL OPINION	Check this box if the team decided testing results were invalid. This should be written up (see Forms Appendix in this manual for suggested format) to document the reasons for and data used to arrive at the eligibility or non-eligibility decision.

## FOOD FOR THOUGHT

Determining eligibility for the Part C Program versus determining appropriate early intervention services - they're not the same thing!

As a part of the early intervention process, every child must be evaluated in all five areas of development. The results of these standardized evaluations are used 1) to determine eligibility for the early intervention program and 2) as one factor in determining areas where the child would benefit from intervention services.

For eligibility purposes only, the IFSP team must ensure that the child meets one of the following eligibility criteria:

- (1) Performing at 25 percent below normal age range;
- (2) Exhibiting a six-month delay;
- (3) Demonstrating at least a 1.5 standard deviation below the mean; or
- (4) Having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Once the team determines eligibility, the next step is to discuss what outcomes, activities, and strategies are needed to enhance the child's development. Areas of concern identified during the evaluation process; recommendations from a physician or other health care provider; family observations/concerns; and child care provider input are all factors that should be considered when determining outcomes and possible early intervention services for the child.

A child does not need to show a delay of at least 1.5 SD below the norm in a developmental area before the team can address this developmental area under an outcome. The team must document a need/delay. Documentation might be evaluation scores; observational data; or other evaluations and assessments not used for eligibility determination. The team will reflect this information on the eligibility page of the IFSP (page 4) under "Present Levels of Performance" and/or on an outcome page (page 5) under "What's Happening Now?" The IFSP should address the outcomes identified by the IFSP team, which includes the family.

Once the outcomes, activities/strategies have been written, the team determines the best method to accomplish the identified developmental milestones. This might include direct therapy by multiple providers; transdisciplinary therapy with only one or two providers being the main "therapists" with consultation from the other therapists; or parent/child care providers implementing activities. Services listed on each IFSP are to be individualized to the child and family.

Notes:

<b>FAMILY'S DESIRED OUTCOMES</b>			
WHAT'S HAPPENING NOW? (CURRENT STATUS)			
WHAT DO YOU WANT TO WORK TOWARD? (OUTCOME STATEMENT/ANNUAL GOAL)			
Things we'll do to achieve this outcome (Activities/Strategies/Short term objectives)	SERVICES TO CONSIDER	RESOURCES/PEOPLE who will teach/learn/do	WHERE? Location
NOTES, COMMENTS/REVIEW INFORMATION:			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           DEGREE OF PROGRESS:            Team's Assessment:            1. <input type="checkbox"/> Situation Changed; no longer needed.         </div> <div style="width: 30%;">           Date Reviewed: _____            2. <input type="checkbox"/> Implementation begun, outcome partially attained or accomplished.         </div> <div style="width: 35%;">           3. <input type="checkbox"/> Outcome completed, accomplished or attained to the family's satisfaction.         </div> </div>			
Continue Activity #s: _____           Modify Activity #s: _____           Discontinue Activity #s: _____			

**PAGE 5 LEGAL BASIS:** 34 CFR 303.344(c) Outcomes, (d) Early Intervention Services, (e) Other Services, Section 303.342(b) Periodic Review, (c) Annual Meeting to Evaluate the IFSP, (e) Parental Consent; and Section 303.12(c) General Role of Service Providers. ARSD 24:14:13:04(3) Outcomes, 24:14:08:04 to 20 Early Intervention Services, 24:14:08:21 Other Services, and 24:14:13:03 Development, review and evaluation of IFSP. This page provides the format for defining individual outcomes related to the child and family's needs, with identification of the current status, strategies, activities and services for addressing and achieving each outcome.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
PAGE NUMBER	There will be as many pages for outcomes as there are individual outcomes. These pages should be identified as 5(A), 5(B), etc.
FAMILY'S DESIRED OUTCOMES	Statements of the changes family members want to see for their child or themselves. It can focus on any area of child development or family life that a family feels is related to its ability to enhance the child's development.
WHAT'S HAPPENING NOW? (Current Status)	The language for this section can be drawn from the present levels of performance from IFSP page 4.
WHAT DO YOU WANT TO WORK TOWARD? (Outcome Statement/Annual Goal)	The outcome statement should (1) be written in family sensitive language, (2) relate to the child or family, (3) relate to the development of the child, (4) be measurable, (5) stated in functional terms, and (6) is NOT a service. An outcome must be functionally stated in terms of what is to occur (process) and what is expected as a result of these actions (product). Functional outcomes often are phrased as "in order to" statements. Something is done in order for something else to be attained. These outcomes form the base of discussion, and together with other IFSP team member input begin to design the array of services and activities that will be provided for the child and family to meet the outcome(s) set forth.
THINGS WE'LL DO TO ACHIEVE THE OUTCOME (Activities/Strategies/Short Term Objectives)	Strategies and activities are developed from input given by the parents and appropriate service provider(s). Multiple strategies may be employed using a variety of approaches, including traditional therapies as well as family training and support services. Activities should be specific as to how they plan to achieve the stated outcome.
SERVICES TO CONSIDER	Write in the service(s) that the IFSP team members consider best suited to achieve the outcome written on this page. The team shall ensure that these services are provided in natural setting(s) or environment for the child and family. Each service may be delivered in a variety of methods. These include "hands-on" or direct, child-focused services as well as consultation. It also includes family training, counseling and support to assist the family in understanding the developmental needs of their child. Service providers may also work with community programs in training providers, assisting in environmental modifications, etc. so that the child and family may participate in these services. Services to consider should be discussed and if determined appropriate recorded on IFSP page 6.
RESOURCES / PEOPLE	Write in the family members and service providers/agency(s) responsible for providing the services to be considered.
WHERE?	Write in the location of each of the services to be considered. These services will be delivered in settings that reflect the natural environment for the child and family, including home and community settings in which children without disabilities participate.
NOTES, COMMENTS / REVIEW INFORMATION	Enter any pertinent information relating to the outcome of this page. Services offered but not accepted related to the developmental domain being addressed may be explained here.
DEGREE OF PROGRESS	This item is addressed at all IFSP review meetings. At the IFSP review meeting, team members assess the child's progress by reviewing each outcome with family members. Team members discuss and rate progress. This review must be conducted AT LEAST six months after the implementation of the IFSP. Team members should consider using the comment section as an area to record a need for the increase or decrease in services, information from a recent assessment, any upcoming transitional issues the family and child may be experiencing, etc. IFSP pages 9 & 10 are to be used to serve as a comprehensive record to be completed and attached to the IFSP at review periods to serve as documentation of changes and modifications agreed to between the family members, the Service Coordinator and other IFSP team members. <i>IFSP pages 9 &amp; 10 are detailed later in this Guide.</i>

CHILD'S NAME:

DATE:

PAGE 6 ( )

## EARLY INTERVENTION SERVICES

[illegible]

**EARLY INTERVENTION SERVICE OPTIONS INCLUDE:**

\*Transportation and related costs include the cost of travel, including mileage or travel by taxi, common carrier, or other means and the related tolls and parking expenses that are necessary to enable a child eligible under this article and the child's family to receive early intervention services.

☐ Needed by the family      ☐ Not needed by the family

A = Assistive Technology

F = Nursing Services

L = Social Work Services

B = Audiological Services

G = Nutrition Services

M = Special Instruction

C = Family Training, Counseling,

H = Occupational Therapy

N = Speech/Language Therapy

## Home Visits

I = Physical Therapy

O = Transportation\*

D = Health Services

J = Psychological Services

P = Vision Services

E = Medical Diagnostic Services

**CO-THERAPY:** Identify both services that will be provided, i.e. H/N

**FREQUENCY:** Indicate whether WEEKLY or MONTHLY.

**INTENSITY:** Time in minutes or hours of one session.

**METHOD OF SERVICE DELIVERY:** I = Individual, G = Group.

LOCATION CODES:

260 = Residential Facility

200 = Home

270 = Other setting / please describe:

210 = Program designed for typically developing children

230 = Service Provider Location

240 = Program designed for children with developmental delays or disabilities

250 = Hospital (Inpatient)

## Natural Environments

Description of natural environments, that are settings that are natural or normal for the child's age peers who have no disability, in which early intervention will be provided. Include justification of the extent, if any, to which the services will not be provided in a natural environment.

**PAGE 6 LEGAL BASIS:** 34 CFR 303.344(d) Early Intervention Services, (f) Duration of Services, Section 303.12 Early Intervention Services, (a) General, (b) Natural Environments, and (d) Types of Services, and Section 303.346 Responsibility and Accountability. ARSD 24:14:08:04 to 20 Early Intervention Services, 24:14:13:04(6) Duration, and 24:14:13:08 Responsibility and Accountability. This page provides the opportunity for the IFSP team to review the required Birth to 3 Connections services against the outcomes and ensures that they have considered all potential sources and strategies for addressing these outcomes within the context of Birth to 3 Connections. Once the outcomes and methods for addressing these have been developed by the IFSP team, this page summarizes the specific services under Birth to 3 Connections that must be made available to the eligible child and family to achieve the identified outcome(s). Changes to the services recorded here require team review with appropriate members.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
EARLY INTERVENTION SERVICES	This section is used to document all Birth to 3 Connections-covered services. Please refer to the "EARLY INTERVENTION SERVICE OPTIONS INCLUDE" definition box at the bottom of IFSP page 6 for services to include on this page. This list is not exhaustive.
SERVICE	This column is used to enter the services to be provided to the child and/or family. Enter the name or code letter of the service as listed in the definition box at the bottom of IFSP page 6 titled "EARLY INTERVENTION SERVICE OPTIONS INCLUDE."
FREQUENCY / INTENSITY	Indicate whether the service listed in the corresponding box to the right is daily, weekly, monthly, or annually. Also include how often during the day, week, month or year the "session" is. Then indicate in this same box how long each session of services is to last in minutes or hours. Example: 2 x week/30 minutes indicate two sessions per week for 30 minutes per session.
METHOD	Indicate whether the child will receive the service individually (I) or group (G). See the definition box titled "METHOD OF SERVICE DELIVERY" at the bottom of IFSP page 6.
LOCATION CODE	Indicate where the child or family is to receive the service using the codes as listed in the "LOCATION CODES" definition box at the bottom of IFSP page 6. If the service is not being provided in the child's natural environment a justification for why it is detrimental to the child to provide the services in the natural environment is required.
RESPONSIBLE AGENCY / PROVIDER	Enter the name of the agency and the <b>position</b> of the person providing the service rather than the person's name.
INITIATION	Enter the month, day and year that the service is to begin.
DURATION	Enter the month, day and year that the service is to end.
FINANCIAL RESPONSIBILITY	Enter the name of the funding source that will be paying for this service. Examples of funding sources include LEA, Part C, Medicaid, Shriner's, etc. Parents may also choose to use insurance to pay for some of the costs. Parents should receive help in understanding the costs and ways to pay for these costs.
NATURAL ENVIRONMENTS	Enter a statement of where the child's natural environments are. If the service is not being provided in the child's natural environment a justification for why it is detrimental to the child to provide the services in the natural environment is required. Services may be provided to eligible children and their families in a variety of approaches, in several different settings. According to federal language 303.12(b), "To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate." Natural environment means settings that are natural or normal for the child's age peers who have no disability. The concept of natural environments should be woven into the entire IFSP process. The key is to individualize the natural setting for each child/family. IFSP teams must keep in mind that there are multiple natural environments for each child and family. The IFSP outcomes must drive the services, strategies and settings. Local Birth to 3 Connections projects should identify the various setting and programs available within their boundary in order to assist in "brainstorming" options.
TRANSPORTATION	Transportation and related costs include all costs of travel needed to ensure child is able to access services. Check whether this is needed or not needed to ensure that discussion occurred around transportation needs. If it is needed, it should be recorded on the list of services.

OTHER SERVICES		No other services identified at this time <input type="checkbox"/>	
SERVICE	STEPS TO BE TAKEN	FUNDING SOURCE	WHO'S RESPONSIBLE/HELPER?

PARENT/GUARDIAN CONSENT	
<p><b>PARENTAL CONSENT FOR PROVISION OF EARLY INTERVENTION SERVICES</b></p> <p>I HAVE HAD MY PARENTAL RIGHTS THOROUGHLY REVIEWED WITH ME, BOTH VERBALLY AND IN WRITING. I GIVE CONSENT FOR MY CHILD/FAMILY TO RECEIVE THE SERVICE(S) LISTED IN THIS IFSP.</p> <p>"Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parents is voluntary and may be revoked in writing at any time.</p> <div><div><div>_____</div><div>Parent/Surrogate signature</div></div><div><div>_____</div><div>Date</div></div><div><div>_____</div><div>Parent/Surrogate signature</div></div><div><div>_____</div><div>Date</div></div></div>	

Date IFSP Copy Delivered to Parent/Surrogate(s): \_\_\_\_\_

Signature of Service Coordinator: \_\_\_\_\_

**PAGE 7 LEGAL BASIS:** 34 CFR 303.344(e) Other services, (f) Duration of Services, Section 303.12 Early Intervention Services, (a) General, (b) Natural environments and (d) Types of services, and Section 303.346 Responsibility and Accountability. ARSD 24:14:13:04(6) Duration of Services, 24:14:08:04 to 20 Early Intervention Services and 24:14:13:08 Responsibility and Accountability. This section of the IFSP provides documentation for the IFSP team to record medical and other services that a child needs, but are neither required nor covered under Birth to 3 Connections. Listing the non-required services in the IFSP does not mean that those services must be provided. However, their identification can be helpful to the child's family and Service Coordinator to a) ensure that the IFSP provides a comprehensive picture of the child's total needs and b) provide the opportunity for the Service Coordinator to assist the family in securing the non-required service(s).

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
OTHER SERVICES	Once the IFSP team has developed the outcomes and strategies, this page serves to document the other services beyond the required services of this program that Birth to 3 Connections may assist the family to obtain. This may include such things as obtaining medical and other services that the child needs but that are not required under Birth to 3 Connections.
SERVICE	Refer to information collected on Page 3 of the IFSP. Identify the service(s) to be investigated or provided on Page 7.
STEPS TO BE TAKEN	Describe the necessary steps to be taken to assist the family in obtaining the identified service(s). This may be determining if the service is available locally, investigating funding sources for the identified service, helping the family access their own financial support, assisting the family in seeking out and arranging for the various services that will benefit their child, etc.
FUNDING SOURCE	Enter the source or agency that will be paying for the service. The team helps find funding sources to be used in paying for those services along with steps that will be taken to secure those services through public or private sources.
WHO'S RESPONSIBLE / HELPER?	Enter the name of the team member(s) that will be responsible to ensure the steps to be taken are carried through.

**LEGAL BASIS:** 34 CFR 303.342(e) Parental Consent. ARSD 24:14:14:05 Parental Consent. The contents of the IFSP must be fully explained to the parents and informed, written consent from the parents must be obtained before services as described in the IFSP are delivered. It is important that information on appropriate procedural safeguards be provided to the family by individuals trained and competent with these obligations, rights and responsibilities.

PARENT / SURROGATE CONSENT	This section establishes that the parent agrees with and wants the service(s) documented on the IFSP and gives their permission for the services to commence. Their signature also indicates agreement with all parts of the IFSP.
PARENT / SURROGATE SIGNATURE	There are two lines for parent signature(s). Each parent present may use a line to sign and date. The second line is not to be used to document parent consent on IFSP <u>reviews</u> . Another page and section is provided to document consent to IFSP reviews, modifications, and revisions. <i>See completion instructions for IFSP pages 9 &amp; 10 in this Guide.</i> Federal regulations provide that family members may refuse or decline any individual services as recommended by the IFSP team, and that this refusal does not jeopardize the delivery of other services. The IFSP development process ensures that IFSP team members discuss each outcome and the strategies and activities for meeting each outcome. As services are discussed for specific outcomes, family members participate in determining whether individual services are desired or appropriate. Services to which the family has agreed to should appear on the IFSP. The consent for these services and implementation of the IFSP is reflected on this page.
DATE OF IFSP COPY DELIVERED TO PARENT/SURROGATE(S)	Enter the date the IFSP copy is mailed or delivered to the parent. Although it may not always be feasible to have a copy of the IFSP available for families immediately upon completion of the IFSP team meeting, it is encouraged to do so whenever possible.
SIGNATURE OF SERVICE COORDINATOR	The on-going Service Coordinator signs this line to document the date the IFSP copy is delivered or mailed to the parent. A section has been included to document when the IFSP was delivered to the family and a signature block for the Service Coordinator is provided to complete this assurance for the IFSP record.

CHILD'S NAME:

DATE:

**TRANSITION PLANNING CHECKLIST****The IFSP must include steps to ensure a smooth transition for the child and family.**

Transition Plan Provisions	Initiation Date	Projected Completion Date	Responsible Person(s)	Describe Activities
Notify the local school district that the child will shortly reach the age of eligibility for preschool services under part B.				
With the approval of the parent(s) of the child, convene a conference among the parent(s), local education agency, and appropriate representatives of the local network at least 90 days (and at the discretion of all such parties, up to 6 months) before the child is eligible for preschool services, to discuss any such services that the child may receive.				
With the approval of the parent(s) of the child, make reasonable efforts to convene a conference among the parent(s), appropriate representatives of the local network, and providers of other appropriate services for children who are not eligible for preschool services under part B, to discuss appropriate services that the child may receive.				
Help the parent(s) to identify, evaluate, and apply for community programs and services that meet their interests and needs.				
Identify and implement steps to help the child and parent(s) adjust to new settings and environments.				
Other:				
Other:				

Transition Planning Comments:

**PAGE 8 LEGAL BASIS:** 34 CFR 303.344(h) Transition Part C Services. ARSD 24:14:13:05 Transition from Birth to 3 Connections Services. This checklist is intended to provide an opportunity for all eligible children and their family members to review transition needs prior to the child's third birthday. This occurs within the Birth to 3 Connections system and upon anticipated exit from the Birth to 3 Connections system due to age, eligibility, or relocation of the family. **This page is to be used as a working document/worksheet at all IFSP development, review, and evaluation meetings.**

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
TRANSITION PLANNING CHECKLIST	Each transition plan provision in this section is required to be completed as appropriate. Two additional "other" blanks are provided for non-mandatory items to be added at the team's discretion.
TRANSITION PLAN PROVISIONS	During the Initial IFSP meeting and subsequent reviews, it will be the responsibility of the on-going Service Coordinator to determine with the team when transition activities should occur and to then plan with team members the timely and appropriate steps and assignments to individual IFSP team members and others. For children who may be eligible for Part B, the local Birth to 3 Connections project, must, with parent approval, notify the LEA in which the child resides and convene a conference between the Service Coordinator, the family and the local school district at least 90 days before the child's third birthday. Another transition example would be when a child prior to age three does not continue to be Birth to 3 Connections eligible. This may mean transition to other community services. The IFSP team should assist the family in identifying appropriate and available services and assist in referral to these. Not all children from Birth to 3 Connections can be expected to transition to Part B Special Education services at age three, due to differing eligibility criteria. Additionally, children within the age eligibility for Birth to 3 Connections may not remain eligible for early intervention services but still require supportive services such as economic assistance and/or other community services.
INITIATION DATE	Enter the date that this transition activity will take place or begin.
PROJECTED COMPLETION DATE	Enter the date that this transition activity will likely be ended or completed.
RESPONSIBLE PERSON(S)	Enter the agency and position or team member that will carry out each transition activity.
DESCRIBE ACTIVITIES	Enter the specific activities that will be carried out by the responsible person(s) to achieve each stated transition provision.

*A guide is available from the South Dakota Office of Special Education called **MAKING CONNECTIONS: A Guide for parents and providers on transition from Birth to 3 Connections.** The guide is designed to help providers and families whose children will be transitioning from an IFSP (Individualized Family Service Plan) Part C to an IEP (Individualized Education Plan) Part B of the Individuals with Disabilities Education Act.*

**NOTES:**

<b>IFSP MODIFICATION/REVISION CHECKLIST</b>	
<p>DATE OF CURRENT IFSP: _____</p> <p>DATE OF THIS REVIEW: _____</p> <p>TARGET DATE FOR NEXT REVIEW: _____</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> 6 month review</span> <span><input type="checkbox"/> Parent Request</span> <span><input type="checkbox"/> Other: _____</span> </div>	

ITEM/PAGE #	MODIFICATIONS/REVISIONS:	SUMMARY COMMENTS:

COMPLETE AND ATTACH TO THE REVISED IFSP PAGES. MARK ON EXISTING PAGES (DO NOT REMOVE)

**PAGE 9 LEGAL BASIS:** 34 CFR 303.17 Multidisciplinary, Section 303.19 Parent, Section 303.342 Procedures for IFSP Development, Review and Evaluation, 303.342(e) Parental Consent, Section 303.343 Participants in IFSP Meetings and Periodic Review, and Section 303.404(a)(2) Consent to Initiate and 303.405 Parent right to decline service. ARSD 24:14:13:07 Provision of services before completion of evaluation and assessment, 24:14:13:03 Development, review, and evaluation of IFSP, 24:14:13:06 Participants in IFSP Meetings and Periodic Review, and Evaluation, 24:14:14:05 Parental consent, and 24:14:14:06 Parents' right to decline service. IFSP Pages 9 & 10 are provided for use during IFSP reviews. These pages document modifications and revisions that are identified as a result of the review of IFSP pages 5 & 6. Due to the constantly changing nature of infant and toddler development, and the varying responses to interventions, an IFSP review is required every six months or more frequently if conditions warrant or the family requests such a review. This approach permits changes in service delivery or strategies without unnecessarily convening an entire IFSP team meeting. All completed pages are dated, signed and made an incorporated part of the IFSP. The IFSP must be evaluated at least annually, resulting in a new IFSP that becomes implemented for a period not to exceed one year. Substantial changes or the annual review require that a new IFSP be developed.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
<b>IFSP MODIFICATION/REVISION CHECKLIST</b>	The review may be carried out by a meeting or by other means that is acceptable to the parents and other participants. This page is used to document review and modifications made to the IFSP. Pages 9 & 10 should be completed and signed by the parent/surrogate parent, appropriate provider(s) and Service Coordinator. They are attached to the original IFSP. Copies of these pages should be made and distributed according to informed, written parental consent in order to ensure that all IFSP providers are aware of changes and modifications to the IFSP.
DATE OF CURRENT IFSP	Enter the date of the IFSP plan that is in place which is usually the date on the first page of the initial or annual IFSP.
DATE OF THIS REVIEW	Identify the date the review meeting is actually held (month, date, and year). Also indicate whether the review is a 6-month review, review by parent's request, or other. If other is indicated, describe what "other" type of review it is.
ITEM / PAGE #	Indicate the page number and the item (outcome, activity, strategy, etc) that the team modified during this review. This should be 5(A), 5(B), 6, 8, or whatever is appropriate. Use a row for each page addressed.
MODIFICATION / REVISION	In as much detail as possible, describe the change, deletion, or addition to the IFSP.
SUMMARY COMMENTS	Document discussion(s) with the family about the progress and needs of the eligible child, and of the family, in terms of meeting the child's developmental needs. Changes to the IFSP strategies are made between the family members, Service Coordinator, service providers and other IFSP team members as appropriate. The team members should consider using the comment section as an area to record any information that helps document how and why the team decided to revise this item. For example, if adding a service, call attention to the evaluation results or other data that support the addition; if increasing or decreasing a service call attention to the information from a recent assessment or other data; note any upcoming transitional issues the family and child may be anticipating, etc.

**NOTES:**

CHILD'S NAME:

DATE:

**IFSP MODIFICATION/REVISION****Meeting Participants: The following individuals attended the IFSP review meeting and participated in the development of these revisions.**

NAME	TITLE	AGENCY/ADDRESS	TELEPHONE
	/PARENT		
	/PARENT		
	/SERVICE COORDINATOR		

IFSP Input: In addition to IFSP Team Meeting participants, this plan was developed with information provided by the following person(s)


**PARENTAL CONSENT FOR PROVISION OF EARLY INTERVENTION SERVICES**

I HAVE HAD MY PARENTAL RIGHTS THOROUGHLY REVIEWED WITH ME, BOTH VERBALLY AND IN WRITING.

I GIVE CONSENT FOR MY CHILD/FAMILY TO RECEIVE THE SERVICE(S) LISTED IN THIS IFSP.

"Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parents is voluntary and may be revoked in writing at any time.

\_\_\_\_\_  
Parent/Surrogate signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent/Surrogate signature\_\_\_\_\_  
Date

Date IFSP Copy Delivered to Parent/Surrogate(s): \_\_\_\_\_

**PAGE 10 LEGAL BASIS:** 34 CFR 303.17 Multidisciplinary, Section 303.19 Parent, Section 303.342 Procedures for IFSP Development, Review and Evaluation, 303.342(e) Parental Consent, Section 303.343 Participants in IFSP Meetings and Periodic Review, and Section 303.404(a)(2) Consent to Initiate and 303.405 Parent right to decline service. ARSD 24:14:13:07 Provision of services before completion of evaluation and assessment, 24:14:13:03 Development, review, and evaluation of IFSP, 24:14:13:06 Participants in IFSP Meetings and Periodic Review, and Evaluation, 24:14:14:05 Parental consent, and 24:14:14:06 Parents' right to decline service. IFSP Pages 9 & 10 are provided for use during IFSP reviews. These pages document modifications and revisions that are identified as a result of the review of IFSP pages 5 & 6. Due to the constantly changing nature of infant and toddler development, and the varying responses to interventions, an IFSP review is required every six months or more frequently if conditions warrant or if the family requests such a review. This approach permits changes in service delivery or strategies without unnecessarily convening an entire IFSP team meeting. All completed pages are dated, signed and made an incorporated part of the IFSP. The IFSP must be evaluated at least annually, resulting in a new IFSP that becomes implemented for a period not to exceed one year. Substantial changes or the annual review require that a new IFSP be developed.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
<b>IFSP MODIFICATION / REVISION Meeting Participants</b>	This page is used to document who was involved in the review. Pages 9 & 10 should be completed and signed by the parent/surrogate parent, appropriate provider(s) and Service Coordinator. They are attached to the original IFSP. Copies of these pages should be made and distributed according to informed, written parental consent in order to ensure that all IFSP providers are aware of changes and modifications to the IFSP.
NAME / TITLE	Team members present should sign their names and indicate the position or affiliation they represent as a team member. If the IFSP is carried out by means other than a meeting, the Service Coordinator records the names of the parents, Service Coordinator, and appropriate providers who furnished information for the review.
AGENCY / ADDRESS	Each team member should indicate the agency they represent as a team member, and the correct mailing address components necessary to ensure correspondence delivery.
TELEPHONE	Each team member should enter the telephone number where they can be reached for information related to the IFSP.
<b>PARENTAL CONSENT</b>	This section establishes that the parent agrees with and wants the service(s) documented on the IFSP and gives their permission for the services to commence. Their signature also indicates agreement with all parts of the IFSP as revised.
PARENT / SURROGATE SIGNATURE	There are two lines for parent's signature(s). Each parent present will use a line to sign and date. The second line is not to be used to document parent consent on future IFSP reviews. New pages are completed to document future IFSP reviews, modifications, and revisions.

**NOTES:**

To the extent appropriate, early intervention services must be provided in the types of settings in which all infants and toddlers and their families participate. Section III is designed to help families and early intervention providers successfully integrate services into the child's and family's life. The IFSP team explores all settings and services developed to meet the family's lifestyle and culture and the child's developmental needs.

## "ALL ABOUT MY CHILD"

Who Provided Information? _____		Child's Nickname: _____	
<p>Things my child likes to do: Put a "+" in front of them.</p> <p>Things I'd like my child to do: Put an "0" in front of them.</p> <p>Use this space for additional activities that are not on the list below.</p>		<p>People my child is with: (names, nicknames, ages, amount of time)</p>	
<p>_____ hold/play with toys</p> <p>_____ take a bath/play with water</p> <p>_____ watch/listen to TV</p> <p>_____ play outside</p> <p>_____ visit relatives/friends</p> <p>_____ eat</p> <p>_____ get and give hugs</p> <p>_____ play with Dad</p> <p>_____ play with Mom</p> <p>_____ listen to music</p> <p>_____ go to church/religious activities</p>		<p>_____ play with sister(s)</p> <p>_____ play with brother(s)</p> <p>_____ enjoy other children</p> <p>_____ eat out</p> <p>_____ go to a playground</p> <p>_____ take a walk</p> <p>_____ "rough house"</p> <p>_____ ride in the car</p> <p>_____ go grocery shopping</p> <p>_____ take naps</p> <p>_____ go to community center</p>	
		<p>in my home... _____ at day care...</p>	
		<p>who are friends... _____ who are neighbors, relatives...</p>	

The following sections should be utilized during the IFSP meeting to identify potential locations for each individual service as identified in the IFSP to meet the Outcomes. IFSP Team members should use the information provided above in selecting the natural setting for each individual service in this IFSP. It is possible that specific services could be delivered in different settings/locations.

<p><b>Possible locations/programs your child is presently involved in and that should be considered for possible sites for early intervention services:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Child's Home</td> <td><input type="checkbox"/> Infant/Toddler Play Group</td> </tr> <tr> <td><input type="checkbox"/> Other Family Location</td> <td><input type="checkbox"/> Early Intervention Classroom/Center</td> </tr> <tr> <td><input type="checkbox"/> Family Day Care</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Community-Based program</td> <td><input type="checkbox"/> Clinic/Provider's Office</td> </tr> <tr> <td><input type="checkbox"/> Child Care Program</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Early Head Start</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Child's Home	<input type="checkbox"/> Infant/Toddler Play Group	<input type="checkbox"/> Other Family Location	<input type="checkbox"/> Early Intervention Classroom/Center	<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community-Based program	<input type="checkbox"/> Clinic/Provider's Office	<input type="checkbox"/> Child Care Program	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Other: _____	<p><b>What needs to be done to provide services in the setting(s) chosen by the IFSP Team?</b></p>
<input type="checkbox"/> Child's Home	<input type="checkbox"/> Infant/Toddler Play Group												
<input type="checkbox"/> Other Family Location	<input type="checkbox"/> Early Intervention Classroom/Center												
<input type="checkbox"/> Family Day Care	<input type="checkbox"/> Hospital												
<input type="checkbox"/> Community-Based program	<input type="checkbox"/> Clinic/Provider's Office												
<input type="checkbox"/> Child Care Program	<input type="checkbox"/> Other: _____												
<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Other: _____												

**Optional Page LEGAL BASIS:** 34 CFR 303.18 Natural environments, 303.12(b) Early intervention program, 303.167 (c)(1) and (2) Individualized family service plans, and 303.344(d)(1)(ii) Content of an IFSP. ARSD 24:14:01.01(13) Definitions and 24:14:13:04.01 Natural environments. To the extent appropriate, early intervention services must be provided in the types of settings in which all infants and toddlers and their families participate. This page is designed to help families and early intervention providers successfully integrate services into the child's and family's life. The IFSP team explores all settings and services developed to meet the family's lifestyle and culture and the child's developmental needs.

CHILD'S NAME	State the legal name of the child including the middle name or initial. This is done on every IFSP page in order to avoid confusion with other files.
DATE	Identify the date the meeting is actually held (month, date year). This is done on every IFSP page in order to avoid confusion with documents written at previous meetings.
ALL ABOUT MY CHILD	These sections could be used before or during the IFSP meeting to identify potential locations for services that may be identified in the IFSP to meet the Outcomes. IFSP Team members could use the information provided on this optional page in selecting the natural setting(s) for each individual service in the IFSP. It is possible that specific services could be delivered in different settings/locations.

## FOOD FOR THOUGHT

Early intervention supports and services should be delivered in settings and during activities which are determined by the child's needs, the desired functional outcomes, and the family's life-style and routines. **Family routines** are the usual events that are customarily a part of families' schedules. These routines might include meal time, bath time, play time, car rides, and nap time. **Everyday activities** that a family does with their infant or toddler might include such things as having fun at the playground, going for a walk, spending time with friends at a playgroup, shopping, and going to the library. **Everyday places** are those that families and typically developing children frequent, day-in and day-out, including the home, the neighborhood, and community programs such as a recreation center, library, park, or store. Supports and services should:

- / **Occur in the child's regular environments**
- / **Include the child's siblings, care providers, other family members, and friends**
- / **Discover the child's talents and gifts and support them in the context of typical play and relationships**
- / **Apply specialized expertise to adapt and accommodate routines, activities, and places to support the child's full participation and learning**

## RESEARCH SUPPORTING THE PROVISION OF SERVICES IN EVERYDAY ROUTINES, ACTIVITIES, AND PLACES

It is well established that learning occurs best when children learn and practice skills in the settings and within the routines in which they would typically use those same skills. The use of everyday routines, activities, and places as a context for early intervention services builds on the functional skills approach (Cipani & Spooner, 1994; Snell 1993) and provides numerous ways to incorporate these skills into daily routines (Cripe, Hanline, & Daley, 1997). Daily routines and activities also have long been considered to be the ideal context for developmentally appropriate practice in the education of young children (Bredekamp, 1987). Many naturally occurring routines and activities can serve as development-enhancing opportunities, and research has shown that these opportunities can optimize learning (Bronfenbrenner, 1992; Hunt, 1979). Providing early intervention services within the child's daily living routines and situations increases the number of learning opportunities and enhances the meaningfulness of what is learned. The child is provided an opportunity to acquire skills within the context of daily life rather than in contrived learning situations that do not represent real life challenges (Dunst, Mahoney & Buchan, 1996). Finally, the child developed generalizable and functional skills that strengthen his or her competence to cope with a range of changing environmental demands (Bricker & Cripe, 1992; Hart and Risely, 1995). *Information courtesy of Colorado Department of Education: A Guidebook Early Intervention Supports & Services in Everyday Routines Activities, and Places in Colorado.*

## Appendix B

### Glossary

## **DEFINITIONS / GLOSSARY**

**ASSESSMENT**- the procedures used to identify ongoing needs of the eligible child along with the family's resources, priorities, and concerns related to the child.

**ASSISTIVE TECHNOLOGY**- (refer to Early Intervention Services in glossary)

**AUDIOLOGY**- (refer to Early Intervention Services in glossary)

**CONSENT**- Parents written agreement to allow a child to be evaluated or receive special services.

**DEVELOPMENTAL DELAY**- when a child's development progresses at a slower rate than most children do.  
(Refer to Eligible/Part C in glossary)

**EARLY INTERVENTION SERVICES**— *Services that are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development.*

1. **Assistive technology devices & services** - "Devices" means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities. "Services" means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment; purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; coordinating and using therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs; training or technical assistance for a child with disabilities or, if appropriate, that child's family; and training or technical assistance for professionals or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.
2. **Audiology** - Includes identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques; determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment; provision of auditory training, aural rehabilitation; speech reading, and listening device orientation and training, and other services; provision of services for prevention of hearing loss; and determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
3. **Family training, counseling, and home visits** - Means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
4. **Health Services** - Means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. It includes such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services. The term does not

- include services that are surgical in nature (such as cleft palate, surgery for club foot, or shunting of hydrocephalus) or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose), devices necessary to control or treat a medical condition, or medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for children.
5. **Medical Services for Diagnostic or Evaluation Purposes** - Means services provided by a licensed physician to determine a child’s developmental status and need for early intervention services.
  6. **Nursing** - Includes the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and administration of medications, treatments, and regimens prescribed by a licensed physician.
  7. **Nutrition** - Includes conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings resulting from individual assessment; and making referrals to community resources to carry out nutritional goals.
  8. **Occupational Therapy** - Includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school, and community settings, and include identification, assessment, and intervention; adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills, and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
  9. **Physical Therapy** - Includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. “Physical therapy” services include screening, evaluation and assessment of infants and toddlers to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and providing individual and group or treatment services to prevent, alleviate or compensate for movement dysfunction and related functional problems.
  10. **Psychological Services** - Includes administering psychological and developmental tests, and other assessment procedures; interpreting assessment results, obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
  11. **Service Coordination** - Means the activities carried out by a *Service Coordinator* to assist and enable a child eligible under this part and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under South Dakota’s early intervention program. Service coordination is an active, ongoing process that involves assisting parents of eligible children in gaining access to the early intervention services and other services identified in the *IFSP*; coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided; facilitating the timely delivery of available services; and continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child’s eligibility. Specific service coordination activities include coordinating the performance of evaluation and assessments; facilitating and participating in the development, review, and evaluation of *IFSPs*; assisting families in identifying available service providers; coordinating and monitoring the delivery of available services, informing families of the availability of advocacy services; coordinating with medical and health providers, and facilitating the development of a transition plan to preschool services, if appropriate.
  12. **Social Work** - Includes making home visits to evaluate a child’s living conditions and patterns of parent-child interaction; preparing a social or emotional developmental assessment of the child within the family context; providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents; working with those problems in a child’s and family’s living situation

- (home, community, and any other center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.
13. **Special Instruction** - Includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's IFSP; providing families with information, skills, and support related to enhancing the skill development of the child; and working with the child to enhance the child's development.
  14. **Speech & Language** (Communication) - Includes identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills including the diagnosis and appraisal of specific disorders and delays in those skills; and provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
  15. **Transportation and Related Costs** - Includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable an eligible child and the child's family to receive early intervention services.
  16. **Vision Services** - Means evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities; referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

**ELIGIBLE-** meets the criteria established to qualify for a program or service.

**ELIGIBLE / PART C-** Infants and toddlers, birth to 36 months of age, inclusive, are eligible for services under chapter 24:14:07:02 when identified by providers of licensed health care and education services as: (1) performing at 25% below normal age range; (2) exhibiting a six-month delay; (3) demonstrating at least a 1.5 standard deviation below the mean; or (4) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Developmental delay may be manifested in one or more of the following areas: (1) cognitive development; (2) communication development - receptive or expressive, or both; (3) social or emotional development; (4) adaptive development; and (5) physical development, including vision and hearing. Determination of developmental delay shall be based on medical diagnosis. Examples of these conditions include Down's Syndrome and other chromosomal abnormalities; sensory impairments, including vision and hearing; inborn errors of metabolism; microcephaly; severe attachment disorders; including failure to thrive; seizure disorders; and fetal alcohol syndrome.

**EVALUATION-** Procedures used to determine whether a child is eligible for services under South Dakota's definition/criteria and to identify child's strengths and needs in the following areas: (1) cognitive development, (2) communication development, (3) social or emotional development, (4) adaptive development, and (5) physical development, including vision and hearing.

**FAMILY ASSESSMENT-** Information gathering and identification of family strengths, resources, needs, priorities, and concerns which the family decides is relevant to its ability to enhance the development of its child. Any assessment that is conducted must be voluntary on the part of the family.

**FAMILY TRAINING, COUNSELING, & HOME VISITS** - (please find under **Early Intervention Services** in this glossary)

**45-DAY TIMELINE**- As defined in Federal Regulations 34 CFR Part 303 (Part C), once a public agency receives a referral, it shall, within 45 calendar days, complete the evaluation and assessment activities and hold an IFSP meeting.

**HEALTH SERVICES**- (please find under **Early Intervention Services** in this glossary)

**IDEA**- (see **Individuals with Disabilities Education Act**)

**IEP**- (see **Individual Education Plan**)

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT**- also known as IDEA, this federal law provides a free appropriate public education to all eligible children with disabilities. The most current reauthorization is PL 105-17 and was signed into law June 4, 1997.

**INDIVIDUAL EDUCATION PLAN** Also known as IEP, the written plan for educating and otherwise providing services to a child ages 3-21, and family through the school system. IEP services are to be provided at no cost to the parents.

**IFSP**- (see **Individualized Family Service Plan**)

**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)**- Both a process and a written plan for early intervention services to a child ages birth to 36 months. It considers family's priorities, concerns, issues and resources in regard to their infant or toddler with disabilities. This information from the family along with input from evaluation and assessment is formalized by the IFSP team into a plan of services and support for the child and the family in their natural care giving role.

**INTERIM IFSP**- In the event that a child has obvious immediate needs that are identified, even at the time of referral, before completion of the evaluation and assessment, if parental consent has been obtained, an Interim IFSP may be developed. This must include: (1) the name of the service coordinator who will be responsible for implementation of the Interim IFSP and coordinate with other agencies and providers; and (2) the early intervention services that have been determined to be needed by the child and the child's family, and (3) plans for getting the evaluations completed. (The evaluation and assessment must still be completed with the 45-day timeline.)

**INTERPRETER SERVICES** Providing a person who translates for parties conversing in different languages or other modes of communication (i.e. sign language) to ensure that the parent understands prior notice, consent to evaluate, procedural safeguards, the proceedings at the IFSP meeting, etc.

**LRE**- (please see **Least Restrictive Environment**)

**LEAST RESTRICTIVE ENVIRONMENT** Also known as LRE; providing services to a child and family in as normal an environment as possible, that least limits or restricts the child's and family's opportunities to be near and interact with other typical children and families. *See also natural environment.*

**LEA-** *(please see Local Education Agency)*

**LOCAL EDUCATION AGENCY-** Also known as LEA, local school district.

**MEDICAL SERVICES FOR DIAGNOSTIC OR EVALUATION-** *(please find under Early Intervention Services in this glossary)*

**MULTIDISCIPLINARY EVALUATION-** Two or more professions using two or more standardized tests must be involved in determination of eligibility for early intervention services.

**NATURAL ENVIRONMENT-** Settings that are natural or normal for the child's age peers who have no disability such as home, day care, or foster care. *See also **LRE**.*

**NURSING SERVICES-** *(please find under Early Intervention Services in this glossary)*

**OCCUPATIONAL THERAPY-** *(please find under Early Intervention Services in this glossary)*

**OUTCOME-** Statements of the changes family members want to see for their child or themselves. It can focus on any area of child development or family life that a family feels is related to its ability to enhance the child's development. An outcome must be functionally stated in terms of what is to occur (process) and what is expected as a result of these actions (product). Functional outcomes often are phrased as "in order to" statements. Something is done in order for something else to be attained (Deal, Dunst, & Trivette).

**PARENTS RIGHTS-** *(see Procedural Safeguards)*

**PART B-** The section under the Individuals with Disabilities Education Act that established special education programs and services for children from 3 to 21 years of age with disabilities.

**PART C-** formerly *Part H*. The section under the Individuals with Disabilities Education Act which established special education programs and services for children from birth to 36 months of age with disabilities.

**PART H-** *(see **Part C**)* Reauthorization of IDEA moved Part H to Part C in the new law PL 105-17 effective July 1, 1997.

**PHYSICAL THERAPY-** (please find under Early Intervention Services in this glossary)

**PRIOR NOTICE-** a written notice given to parents at least five working days before any meeting or evaluation of the child can take place.

**PROLONGED ASSISTANCE-** children from birth to 36 months of age may be identified as being in need of prolonged assistance if, through a multidisciplinary evaluation, they score two standard deviations or more below the mean in two or more of the following areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

**PROCEDURAL SAFEGUARDS-** legal protections (including mechanisms or procedures) available to children and their parents to protect their rights in dealings with agencies and providers of early intervention services.

**PSYCHOLOGICAL SERVICES-** (please find under Early Intervention Services in this glossary)

**REFERRAL-** with parental consent, notifying an agency or service provider that a child may be in need of early intervention services.

**SCREENING-** a quick look at how a child is developing. Should concerns be noted, the child may be referred for further evaluation.

**SERVICE COORDINATION-** (please find under Early Intervention Services in this glossary)

**SERVICE COORDINATOR-** someone who acts as a coordinator of infant or toddler's services and works in partnership with the family and providers of special programs. Each eligible child must be provided with one service coordinator who is responsible for coordinating all services across agency lines; and serving as the single point of contact in helping parents to obtain the services and assistance they need. Service Coordinators must be persons who have demonstrated knowledge and understanding about the following: (1) infants and toddlers who are eligible under this article; (2) state and federal laws applicable; (3) the nature and scope of services available under South Dakota's early intervention program; and (4) the system of payments for services in the state. (See also description under Early Intervention Services for service coordination).

**SOCIAL WORK SERVICES-** (please find under Early Intervention Services in this glossary)

**SPECIAL INSTRUCTION-** (please find under Early Intervention Services in this glossary)

**SPEECH & LANGUAGE SERVICES-** (please find under Early Intervention Services in this glossary)

**STANDARDIZED TESTS-** evaluation instruments used to determine eligibility for Birth to 3 Connection in South Dakota must be able to convert raw scores into equal units of measurement and express as score based on 100 or 50 or given as a standard deviation

**TRACKING-** on-going contact with families whose children are at risk and may need early intervention services at a later time.

**TRANSITION-** movement of a child from one service delivery setting to another, i.e. hospital to home, home to school, etc.

**TRANSPORTATION & RELATED COSTS-** (please find under Early Intervention Services in this glossary)

**VISION SERVICES-** ( please find under Early Intervention Services in this glossary)

For a more complete glossary of terminology, refer to the “Dictionary for Parents of Children with Disabilities”. Copies may be obtained by contacting: South Dakota Parent Connection at 1-800-640-4553

# Appendix C

## Forms

1.	Referral Status
2.	Screening Results Report
3.	Intake Form
4.	Record of Access Form
5.	Determination of Need for Surrogate Parent Appointment
6.	South Dakota Surrogate Parent Eligibility Verification
7.	Release of Information Authorization
8.	Waiver of 45-Day Timeline
9.	Parental Prior Notice/Consent Form
10.	Suggested Informed Clinical Opinion Form
11.	Inactive File Notification
12.	Transition Questionnaire for Parents
13.	Payor of Last Resort
14.	Request for Payment Direct Services for Part C
15.	IFSP form

## BIRTH TO 3 CONNECTIONS REFERRAL STATUS

Child's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Based upon information available and discussions with \_\_\_\_\_ (Parent) and the \_\_\_\_\_ Birth to 3 Connections program, the following will occur (options 2 and 3 may occur simultaneously if the child's need indicate):

1. \_\_\_\_\_ No evaluation is necessary, follow-up is available for the family anytime. Notice has been provided to the parents. Next contact will be \_\_\_\_\_.
  
2. \_\_\_\_\_ A multidisciplinary evaluation to determine Part C eligibility is recommended. Parent consent must be obtained to proceed.
  
3. \_\_\_\_\_ A referral is being made to \_\_\_\_\_ school district by \_\_\_\_\_ to request evaluation to determine possible eligibility under prolonged assistance. District referral form has been completed \_\_\_\_\_ (date).

Part C Referral Date: \_\_\_\_\_

Date Consent for evaluation signed by parent: \_\_\_\_\_

Date IFSP must be completed if child is determined  
Eligible for Part C (45 days from referral): \_\_\_\_\_

# BIRTH TO 3 CONNECTIONS

## SCREENING RESULTS REPORT

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of screen: \_\_\_\_\_ Name of screener: \_\_\_\_\_

Name of screening tool used: \_\_\_\_\_

The screening resulted in the following recommendation:

\_\_\_\_\_ Referral for multidisciplinary evaluation  
Proposed date of evaluation if this choice is selected: \_\_\_\_\_ (date)

\_\_\_\_\_ Referral to other resources

\_\_\_\_\_ Re-screen recommended in \_\_0, \_\_1, \_\_2, \_\_3, \_\_4, \_\_5, \_\_6 months

\_\_\_\_\_ No further action is needed

\_\_\_\_\_ Other (please explain)

Comments:

Date screening results shared with parent: \_\_\_\_\_  
(must be within 5 working days)

**X** \_\_\_\_\_  
**(parent signature)**

\_\_\_\_\_  
(screener signature)

Date screening results shared with initial service coordinator: \_\_\_\_\_  
(must be within 5 working days)

\_\_\_\_\_  
(initial service coordinator signature)

\_\_\_\_\_  
(date received)

**This form is to be attached to the screening protocol and become part of the child's record. If a child is determined to not need further services from Birth to 3 Connections this serves as documentation of that decision. Birth to 3 Connections maintains a record of these results for 3 years.**

BIRTH TO 3 CONNECTIONS  
INTAKE FORM

Date received referral: \_\_\_\_\_

SOURCE OF INTAKE REQUEST: *(Check one)*

Parent: \_\_\_\_\_  
Agency: \_\_\_\_\_

Name of referring person/agency: \_\_\_\_\_  
Phone: \_\_\_\_\_

FAMILY INFORMATION

Child's name: \_\_\_\_\_ Male/Female \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Guardian: *(If other than parent)* \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

CONCERNS OF REFERRAL SOURCE

CONCERNS OF PARENTS

Medical Diagnosis: *(If any)* \_\_\_\_\_

Physician's signature: *(optional)* \_\_\_\_\_ Printed name: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**CURRENT SERVICES** *(please circle)*

Parental Education	Legal Aid	WIC (Woman, Infants, & Children)
Children's Special Health Services	Medicaid Assistance	SSI
Food Stamps	Fuel Assistance	Home Health Care
Medical Insurance	Support Groups	Family Planning
Head Start	Subsidized Housing	Community/Public Health
Easter Seals	Aid to Dependent Children	Mental Health Counseling
Drug/Alcohol Services	Special Therapy Agency	Preschool Services
EPSDT (Early Periodic Screening Diagnosis & Treatment)	Education Services	Other: (list)

Directions to family's home:

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I have had the \_\_\_\_\_ Birth to 3 Connections purpose and services explained to me and I agree to have my child's needs considered through this local program. I have received a copy of my rights and I understand I may withdraw my child and family at any time from the Birth to 3 Connections process.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BIRTH TO 3 CONNECTIONS RECORD OF ACCESS FORM

Child's name: \_\_\_\_\_

SS#: \_\_\_\_\_

ACCESS DATE	NAME/SIGNATURE OF ACCESSING PARTY	PURPOSE OF ACCESS	DATE/INITIALS OF EMPLOYEE VERIFICATION

### LOCATIONS OF OTHER PERTINENT RECORDS NOT CONTAINED IN THIS FILE

KIND/NAME OF RECORD	LOCATION	CONTACT PERSON

*Information contained herein is confidential in nature and shall not be duplicated,  
copied or released to any other party, except as authorized by the person designated  
as having responsibility for ensuring confidentiality of personally identifiable data.*

## Determination of Need for Surrogate Parent Appointment

This form is to be used when determining need for a surrogate parent for a child who (1) is receiving Early Intervention Services through Birth to 3 Connections in South Dakota, or (2) who is suspected of needing Early Intervention Services through Birth to 3 Connections.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birth to 3 Connections Program \_\_\_\_\_ Service Coordinator \_\_\_\_\_

Resident School District \_\_\_\_\_ Special Education Director \_\_\_\_\_

Name of Caregiver \_\_\_\_\_ Primary Language \_\_\_\_\_

Caregiver Address \_\_\_\_\_

Caregiver Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship of caregiver to child:

\_\_\_\_\_ Parent  
\_\_\_\_\_ Legal Guardian  
\_\_\_\_\_ Foster Parent  
\_\_\_\_\_ Other Relative (specify) \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Check appropriate box:

- ☐ The child is represented by parent(s) or by a legal guardian.
- ☐ The child's parents are unknown. Attach written documentation.
- ☐ The child's parents have not been located after reasonable efforts on the part of the school district/agency. Attach documentation of attempts to contact parents.
- ☐ The child is a Ward of the State.
- ☐ Other \_\_\_\_\_

Based on these findings a Surrogate Parent:

\_\_\_\_\_ must be appointed.

\_\_\_\_\_ does not need to be appointed.

\_\_\_\_\_  
Birth to 3 Connections Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Signature/Title

\_\_\_\_\_  
Date

South Dakota Surrogate Parent Eligibility Verification

Name of Nominee \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Comments or other pertinent Information:**

This verifies that \_\_\_\_\_ meets the criteria for appointment as a surrogate parent by state and federal regulations to ensure appropriate representation in all matters relative to the identification, evaluation, and educational placement of the student and in provision of a free appropriate public education.

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Date



Because the first three years build a lifetime.

## BIRTH TO THREE CONNECTIONS RELEASE OF INFORMATION AUTHORIZATION

### Authorization to Obtain Information:

Permission is hereby granted to the Service Coordinator, representing \_\_\_\_\_  
(Birth to Three Connections Area Name)

To obtain the following specific information regarding: \_\_\_\_\_  
(Child's Name) (Date of Birth)

Specific information to be obtained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This information is to be obtained from: (please specify PERSON, PHYSICIAN, SERVICE PROVIDER OR INSTITUTE)

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_  
(Signature of parent or guardian)

Address: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already acted in reliance on it. If not previously revoked, this consent will terminate upon: \_\_\_\_\_.  
(List specific date, event or condition)

I understand that this information will be used to assist in the coordination of care and provision of services for my child and family.

### Authorization to Release Information:

Permission is hereby granted to the Service Coordinator representing \_\_\_\_\_  
(Birth to Three Connections Area Name)

to release orally or in writing (including reproduction) of any official records relating to my child \_\_\_\_\_  
(Child's Name)

\_\_\_\_\_. Specific information to be released: \_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_

Information will be released to: (please specify PERSONS, PROGRAM, SERVICE PROVIDERS or INSTITUTION)

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_  
(Signature of parent or guardian)

Address: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already acted in reliance on it. If not previously revoked, this consent will terminate upon: \_\_\_\_\_.  
(List specific date, event or condition)

I understand that this information will be used to assist in the coordination of care and provision of services for my child and family.

## BIRTH TO 3 CONNECTIONS WAIVER OF 45 DAY IFSP TIMELINES

The 45 day timeline for \_\_\_\_\_ has been waived  
(child)  
by the family due to exceptional circumstances. These circumstances make it impossible  
to complete the evaluations, assessments, and development of an IFSP within the 45 day  
timeline.

Please explain the exceptional circumstances:

[illegible]

Date of referral: \_\_\_\_\_

Date by which IFSP should have been written: \_\_\_\_\_

Actual date of IFSP meeting: \_\_\_\_\_

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent)

\_\_\_\_\_  
(service coordinator)

Date: \_\_\_\_\_

\* This form is not intended to be signed when receiving initial consent to evaluate as a “safety net” in case something comes up that will delay the process. This form should be completed only after the family shares the exceptional circumstances that make it impossible to complete the process within the 45 days (e.g. if their child is ill).

**BIRTH TO 3 CONNECTIONS  
PARENTAL PRIOR NOTICE/CONSENT FORM**

CHILD'S NAME: \_\_\_\_\_ DATE SENT: \_\_\_\_\_

**PURPOSE OF NOTICE:**

- \_\_\_\_\_ Referral for evaluation
- \_\_\_\_\_ Evaluating/Reevaluating the child's special needs
- \_\_\_\_\_ Determining the child's eligibility for early intervention services
- \_\_\_\_\_ Determining that child is not eligible for Part C
- \_\_\_\_\_ Assessing the child's continued need for services
- \_\_\_\_\_ Developing an IFSP for the child
- \_\_\_\_\_ Reviewing or revising the child's IFSP
- \_\_\_\_\_ A proposed change in early intervention services
- \_\_\_\_\_ Transition planning
- \_\_\_\_\_ Other \_\_\_\_\_

Description of the action proposed or refused: \_\_\_\_\_

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Reasons why this action is being proposed or refused: \_\_\_\_\_

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Description of any options considered and the reason why these options were rejected:

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Description of each evaluation procedure, test, record, or report that were used as a basis for the proposal or refusal or those planned to be conducted: \_\_\_\_\_

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Description of other factors which are relevant to the proposal or refusal: \_\_\_\_\_

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## PARENTAL PRIOR NOTICE/CONSENT FORM

Page 2

### CONSENT FOR INITIAL EVALUATION OR REEVALUATION

24:05:30:17. Consent. "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parent is voluntary and may be revoked in writing at any time.

\_\_\_\_\_( Parent Signature) \_\_\_\_\_(Date)

### NOTICE OF MEETING ARRANGEMENTS

Date: \_\_\_\_\_ Time: \_\_\_\_\_

As we have agreed, we will be meeting at: \_\_\_\_\_ (Place)

At the present time we anticipate that \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_ will be meeting with us.

Purpose of the meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a purpose of this meeting is the consideration of transition services, we will be inviting representatives from the following agencies to attend: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_.

If you wish to have someone else attend with you, you may do so.

#### Five Day Prior Notice Waiver

I wish to waive my right to 5 day prior notice to this meeting.

\_\_\_\_\_  
Parent/Surrogate Signature

\_\_\_\_\_  
Date

The information on this form will remain confidential.

Please call \_\_\_\_\_ at \_\_\_\_\_ between  
the hours of \_\_\_\_\_ and \_\_\_\_\_ if you have any questions about information provided above.

A copy of all procedural safeguards available to you is enclosed. Additional sources for you to contact to obtain assistance in understanding your rights are included with the procedural safeguards. Please read it carefully. We will review these with you when we meet.

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## BIRTH TO 3 CONNECTIONS INACTIVE FILE NOTIFICATION

TO: \_\_\_\_\_  
Education Program Representative

FROM: \_\_\_\_\_  
(Service Coordinator) (project name)

DATE : sent to EPR on \_\_\_\_\_

Please note that \_\_\_\_\_ is **no longer eligible** for the Birth to Three

Connections program because he/she: (Choose only one please.)

- ☐ **Ex 1** - graduated prior to age three. (Has been re-evaluated and no longer qualifies.)
- ☐ **Ex 2** - has turned age three and transitioned to an IEP.
- ☐ **Ex 2b** – has turned age 3, is eligible for an IEP, but family declined services
- ☐ **Ex 3** - has turned age three, was **not** eligible for an IEP, but has been referred to other programs.
- ☐ **Ex 4** - has turned age three, was **not** eligible for an IEP and was not referred to other programs.
- ☐ **Ex 5** - has turned age three and eligibility for an IEP was not determined.
- ☐ **Ex 6** - is deceased.
- ☐ **Ex 7** - has moved out of state.
- ☐ **Ex 8** - has been removed from the program by his/her parent's request.
- ☐ **Ex 9** - attempts to contact the family have been documented appropriately and have been unsuccessful.
- ☐ **Ex 10** - has moved to \_\_\_\_\_ in South Dakota.

This file became inactive on : \_\_\_\_\_

For OSE to send the family a Transition Survey, please share the following information:	
Parent's Name & Address:	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>

## BIRTH TO 3 CONNECTIONS Transition Questionnaire for Parents

**Transition**, the movement of children and families from one service delivery setting to another, is the focus of this questionnaire. A variety of people are working together to develop and carry out transition plans that will help make the movement easier for children and families. You can help us review our transition process by responding to all of the questions.

*(If your child left Birth to 3 Connections prior to turning age 3 go right to Question 9.)*

Please circle <b>YES</b> or <b>NO</b> in the columns to the right		
1. When my child turned the age of three he/she moved from an Individualized Family Service Plan (IFSP) to and Individualized Education Plan (IEP).	<b>YES</b>	<b>NO</b>
2. When my child turned age three, he/she moved from an IFSP to other community programs.  Please name the program(s):	<b>YES</b>	<b>NO</b>
3. When my child turned age three, all services ended.	<b>YES</b>	<b>NO</b>
4. The meeting to discuss my child's transition took place at least 90 days prior to my child's third birthday.	<b>YES</b>	<b>NO</b>
5. I was given a chance to be a part of the team making the decisions during my child's transition.	<b>YES</b>	<b>NO</b>
6. The people working with my child and family helped me to understand all of the options open to my child as we transitioned from the IFSP.	<b>YES</b>	<b>NO</b>
7. The early intervention team or service coordinator was involved with my child's transition process.	<b>YES</b>	<b>NO</b>
8. Moving my child from an IFSP was a smooth process.	<b>YES</b>	<b>NO</b>
9. As a result of early intervention, my family and I know more about our child's special needs.	<b>YES</b>	<b>NO</b>
10. As a result of early intervention, my family and I can do more to meet our child's special needs.	<b>YES</b>	<b>NO</b>
11. As a result of early intervention, my family and I know how to get what my child and family requires to meet our child's special needs.	<b>YES</b>	<b>NO</b>
12. Based on your experiences with the early intervention process, would you refer another family to the Birth to 3 Connections program? <b>If not, please share why?</b> (use back of this form for more space)	<b>YES</b>	<b>NO</b>

Check one:  <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> <b>No contact necessary</b> </div> <div style="text-align: center; margin-top: 40px;"> <input type="text"/> </div> <div style="text-align: center;">           Signature (optional)         </div>	<div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> <b>Contact me to visit about my concerns</b> </div> <div style="text-align: center; margin-top: 10px;"> <input type="text"/> </div> <div style="text-align: center; margin-top: 10px;">           Print your name &amp; phone number         </div> <div style="text-align: center; margin-top: 10px;"> <input type="text"/> best time to call?         </div> <div style="text-align: center; margin-top: 10px;"> <input type="text"/> </div> <div style="text-align: center;">           Print your child's name         </div>
---	--

Transition Questionnaire2002



Because the first three years build a lifetime.

## PAYOR OF LAST RESORT

**IT IS REQUIRED TO ATTACH A CURRENT IFSP AND AN ITEMIZED, ESTIMATED EXPENSE SHEET TO THIS DOCUMENT.**

An itemized estimated expense sheet should include, but need not be limited to, an itemized breakdown of services, number of sessions or units, number of days/weeks/month/sessions as appropriate, and total cost. This estimate may cover a six-month or less period of time.

1. Name of Child:	2. Date of Birth:
3. Name of Parent(s):	
4. Mailing Address of Family:	City: State: Zip:
5. Name of Local Birth to 3 Connections program:	

**Service Coordinator Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

I certify that I have thoroughly investigated all options of available funding resources. Payment for the needed services has been denied or the individual/family is not eligible for other assistance. I have documented contact with the resources with progress notes and/or letter of denial in the individual's file. A new request for Payor of Last Resort monies will be submitted when a change occurs in services that impacts funding or if funding sources change.

**Service Coordinator Address** \_\_\_\_\_

<b>Comments:</b> (Please check and explain and/or add and explain those funding resources explored prior to submitting this PLR)	
Medicaid Options	
Private Insurance	
School District	
Local Lions Club	
Local Kiwanis Club	
Children's Miracle Network	
Shriner's	

Is child eligible for Prolonged Assistance? Yes ☐ No ☐

(For OSE use only)

Date Received by EPR: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Date Review by EPR began: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Date Forwarded to billing: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

EPR Signature:



Because the first three years build a lifetime.

## SUGGESTED FORM FOR ESTIMATED EXPENSE

IT IS REQUIRED TO ATTACH A CURRENT IFSP AND AN ITEMIZED, ESTIMATED EXPENSE SHEET TO THE PAYOR OF LAST RESORT DOCUMENT. It is not required to use **this** form with the Payor of Last Resort document. This is a **suggested** format for documenting the anticipated cost of service provision.

Initial Request ☐ 6 Month Review Request ☐ Other \_\_\_\_\_ ☐ (please check one)

Name of Child:	Beginning Date of Services:	Ending date:
Billing Agency:	Contact Person:	Phone:
Mailing Address:	City:	State: Zip:
Billing Agency:	Contact Person:	Phone:
Mailing Address:	City:	State: Zip:
Billing Agency:	Contact Person:	Phone:
Mailing Address:	City:	State: Zip:

Service	15 minutes = one unit (day/week/month/session/*miles) * indicate <b>R</b> for rural & <b>C</b> for city	Cost per Unit	Duration (days/weeks/months/sessions/trips) - Not to exceed 6 months -	Total Cost
COMMENTS/EXPLANATIONS:				TOTAL

### REQUEST FOR PAYMENT-DIRECT SERVICES FOR PART C

PROVIDER INFORMATION/SUBMIT PAYMENT TO:				DATE _____						
NAME _____				EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NO. _____ SERVICES PROVIDED DURING _____ (YEAR) _____						
ADDRESS _____										
CITY _____		STATE _____							ZIP _____	
TELEPHONE _____										
CLIENT IDENTIFICATION		SERVICE INFORMATION								
NAME OF CLIENT	TYPE OF SERVICE	LIST EACH DATE OF SERVICE	NO. OF UNITS/ MILES	Mileage/Travel Time Beginning odometer      Ending odometer		Identify as C= In City R= Rural	UNIT PRICE	AMOUNT		
COMMENTS:							<b>TOTAL</b>			
I declare and affirm under the penalties of perjury, that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the civil rights of 1964, and regulations issued thereunder relating to non-discrimination in federally assisted program.										
_____ CLAIMANT SIGNATURE				_____ DATE						

DATE: \_\_\_\_\_

IFSP TYPE: (CHECK)

☐ Interim☐ Initial☐ Annual

Review Date: \_\_\_\_\_

**ENROLLMENT INFORMATION**

Child's Name: \_\_\_\_\_

Resident School: \_\_\_\_\_

Gender: Male ☐ Female ☐

Date of Birth: \_\_\_\_\_

Birth to 3 Area: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Source of Referral: \_\_\_\_\_

Medicaid Eligible:

Yes ☐No ☐

Name of Child's Primary Care Physician: \_\_\_\_\_

Telephone Number: ( )

**PARENTS/SURROGATE PARENTS INFORMATION: (Please indicate specific relationship to child)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number: Day: ( )

Telephone Number: Day: ( )

Night: ( )

Night: ( )

Best time to call: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Town/City: \_\_\_\_\_

State: Zip Code: County: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Primary Language/Mode of Communication: \_\_\_\_\_

Primary Language/Mode of Communication: \_\_\_\_\_

Directions to child's home: \_\_\_\_\_

**SERVICE COORDINATION INFORMATION: (Assigned after IFSP is completed)**

Name: \_\_\_\_\_

Telephone: ( )

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City/State/Zip \_\_\_\_\_

CHILD'S NAME:

DATE:

The meeting was conducted in \_\_\_\_\_

(family's primary mode of communication)

**FAMILY SERVICE PLANNING TEAM****IFSP Meeting Participants:** The following individuals attended the IFSP meeting and participated in the development of this IFSP.

SIGNATURE	TITLE/AGENCY	ADDRESS	TELEPHONE
	PARENT/		
	PARENT/		
	SERVICE COORDINATOR/		

**IFSP Input:** In addition to IFSP Team Meeting participants, this plan was developed with information provided by the following person(s):

NAME	AGENCY/ROLE	ADDRESS	TELEPHONE

CHILD'S NAME:

DATE:

## FAMILY CONSIDERATIONS FOR THE INDIVIDUALIZED FAMILY SERVICE PLAN

NOTE: THIS SECTION IS OPTIONAL UPON INFORMED, FAMILY CONSENT.

Family declines ☐

Parent's Initials \_\_\_\_\_

1. PLEASE DESCRIBE WHAT YOU BELIEVE THE STRENGTHS OF YOUR FAMILY ARE IN MEETING YOUR CHILD'S NEEDS.

2. WHAT TYPE OF HELP WOULD YOU WANT FOR YOUR CHILD AND FAMILY IN THE MONTHS OR YEAR AHEAD?

3. BIRTH TO THREE CONNECTIONS MAY BE ABLE TO HELP YOU TO IDENTIFY AND LOCATE A VARIETY OF RESOURCES/INFORMATION TO ADDRESS SOME CONCERNS THAT YOU OR OTHER FAMILY MEMBERS HAVE. PLEASE CHECK ( ✓ ) BELOW ANY AREAS YOU WOULD LIKE TO LEARN MORE ABOUT.

FOR YOUR CHILD:

FOR YOUR FAMILY:

- ☐ getting around
- ☐ communicating
- ☐ learning
- ☐ feeding, nutrition
- ☐ having fun with other children
- ☐ challenging behaviors or emotions
- ☐ equipment or supplies
- ☐ health or dental care
- ☐ pain or discomfort
- ☐ vision or hearing
- ☐ Other:

- ☐ meeting other families whose child has similar needs/support group
- ☐ finding or working with doctors or other specialists
- ☐ coordinating your child's medical care
- ☐ finding out more about how different services work or how they could work better for you
- ☐ planning or expectations for the future
- ☐ information about other available resources
- ☐ transportation
- ☐ legal/advocacy advice
- ☐ remodeling/making adaptations to your home
- ☐ parenting skills training

- ☐ child care
- ☐ finding or working with people who can help you in the home/care for your child so that you can have a break
- ☐ housing, clothing, jobs, food, telephone services
- ☐ family training
- ☐ information/group activities for brothers, sisters, friends, relatives, others
- ☐ information about the disability or diagnosis
- ☐ help to cover the extra costs of child's special needs
- ☐ help with insurance/SSI/Medicaid
- ☐ recreation
- ☐ Other:

4. WHAT ELSE DO YOU THINK WOULD BE HELPFUL FOR OTHERS TO KNOW ABOUT YOUR CHILD AND FAMILY?

5. ARE THERE OTHER CONCERNS YOU WOULD LIKE TO DISCUSS?

CHILD'S NAME:

DATE:

**HOW IS MY CHILD DOING?: Summary of Child's Present Levels of Performance**

To be completed by the IFSP Team, drawing from description of the child, assessments, evaluations and/or observations, for each category.

Statement of child's current health status, including vision, hearing and physical development.

Include a statement about: What the child knows and understands, and the process of learning (Cognition): how the child gives and receives messages (gestures, facial expression, talking) (Communication Skills); social and emotional skills; and physical development, including large and small motor development, vision and hearing; and self help skills.

Abilities, Interests, Motivations, New Skills:

Concerns, Worries, Frustrations, Things to Work On:

Domain	Test or Observation Used	Tester/Observer/Date	Chronological or Adjusted Age	Age level or range	Standard Deviations
Cognitive					
Physical Development	Gross				
	Fine				
Communication	Receptive				
	Expressive				
Social/Emotional					
Adaptive Development					
Vision					
Hearing					

ELIGIBILITY:

☐ NO☐ YES: Check:☐ 25% Below Age Range☐ Six Month Delay☐ 1.5 Standard Deviation☐ Medical Diagnosis☐ Eligibility determination includes the use of Informed Clinical Opinion.Prolonged Assistance: ☐ Yes ☐ No

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PAGE 5 (      )

**FAMILY'S DESIRED OUTCOMES**

WHAT'S HAPPENING NOW? (CURRENT STATUS)

WHAT DO YOU WANT TO WORK TOWARD? (OUTCOME STATEMENT/ANNUAL GOAL)

Things we'll do to achieve this outcome (Activities/Strategies/Short term objectives)	SERVICES TO CONSIDER	RESOURCES/PEOPLE who will teach/learn/do	WHERE? Location

NOTES, COMMENTS/REVIEW INFORMATION:

DEGREE OF PROGRESS:

Date Reviewed: \_\_\_\_\_

Team's Assessment:

1. ☐ Situation Changed; no longer needed.2. ☐ Implementation begun, outcome partially attained or accomplished.3. ☐ Outcome completed, accomplished or attained to the family's satisfaction.

Continue Activity #s: \_\_\_\_\_

Modify Activity #s: \_\_\_\_\_

Discontinue Activity #s: \_\_\_\_\_



OTHER SERVICES		No other services identified at this time <input type="checkbox"/>	
SERVICE	STEPS TO BE TAKEN	FUNDING SOURCE	WHO'S RESPONSIBLE/HELPER?

PARENT/GUARDIAN CONSENT			
<b>PARENTAL CONSENT FOR PROVISION OF EARLY INTERVENTION SERVICES</b>  I HAVE HAD MY PARENTAL RIGHTS THOROUGHLY REVIEWED WITH ME, BOTH VERBALLY AND IN WRITING. I GIVE CONSENT FOR MY CHILD/FAMILY TO RECEIVE THE SERVICE(S) LISTED IN THIS IFSP.  "Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parents is voluntary and may be revoked in writing at any time.			
_____	_____	_____	_____
Parent/Surrogate signature	Date	Parent/Surrogate signature	Date

Date IFSP Copy Delivered to Parent/Surrogate(s): \_\_\_\_\_

Signature of Service Coordinator: \_\_\_\_\_

CHILD'S NAME:

DATE:

PAGE 8

**TRANSITION PLANNING CHECKLIST****The IFSP must include steps to ensure a smooth transition for the child and family.**

Transition Plan Provisions	Initiation Date	Projected Completion Date	Responsible Person(s)	Describe Activities
Notify the local school district that the child will shortly reach the age of eligibility for preschool services under part B.				
With the approval of the parent(s) of the child, convene a conference among the parent(s), local education agency, and appropriate representatives of the local network at least 90 days (and at the discretion of all such parties, up to 6 months) before the child is eligible for preschool services, to discuss any such services that the child may receive.				
With the approval of the parent(s) of the child, make reasonable efforts to convene a conference among the parent(s), appropriate representatives of the local network, and providers of other appropriate services for children who are not eligible for preschool services under part B, to discuss appropriate services that the child may receive.				
Help the parent(s) to identify, evaluate, and apply for community programs and services that meet their interests and needs.				
Identify and implement steps to help the child and parent(s) adjust to new settings and environments.				
Other:				
Other:				

Transition Planning Comments:

<b>IFSP MODIFICATION/REVISION CHECKLIST</b>	
<p>DATE OF CURRENT IFSP: _____</p> <p>DATE OF THIS REVIEW: _____              <input type="checkbox"/> 6 month review              <input type="checkbox"/> Parent Request              <input type="checkbox"/> Other: _____</p> <p>TARGET DATE FOR NEXT REVIEW: _____</p>	

ITEM/PAGE #	MODIFICATIONS/REVISIONS:	SUMMARY COMMENTS:

COMPLETE AND ATTACH TO THE REVISED IFSP PAGES. MARK ON EXISTING PAGES (DO NOT REMOVE)

<b>IFSP MODIFICATION/REVISION</b>	
-----------------------------------	--

<b>Meeting Participants: The following individuals attended the IFSP review meeting and participated in the development of these revisions.</b>
---

NAME	TITLE	AGENCY/ADDRESS	TELEPHONE
	/PARENT		
	/PARENT		
	/SERVICE COORDINATOR		
	/		
	/		
	/		
	/		
	/		

<b>IFSP Input: In addition to IFSP Team Meeting participants, this plan was developed with information provided by the following person(s)</b>
--


<b>PARENTAL CONSENT FOR PROVISION OF EARLY INTERVENTION SERVICES</b>  I HAVE HAD MY PARENTAL RIGHTS THOROUGHLY REVIEWED WITH ME, BOTH VERBALLY AND IN WRITING. I GIVE CONSENT FOR MY CHILD/FAMILY TO RECEIVE THE SERVICE(S) LISTED IN THIS IFSP.  <p>"Consent" means that the parents have been fully informed of all information relevant to the activity for which consent is sought, in the native language, or other mode of communication; the parents understand and agree in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists any records which will be released and to whom; and the granting of consent by the parents is voluntary and may be revoked in writing at any time.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">             _____              Parent/Surrogate signature           </div> <div style="width: 45%; text-align: center;">             _____              Date           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">             _____              Parent/Surrogate signature           </div> <div style="width: 45%; text-align: center;">             _____              Date           </div> </div>			
--	--	--	--

Date IFSP Copy Delivered to Parent/Surrogate(s): \_\_\_\_\_  
 Signature of Service Coordinator: \_\_\_\_\_

<b>CONFIDENTIAL DOCUMENT</b> CHILD'S NAME: _____	<b>INDIVIDUALIZED FAMILY SERVICE PLAN</b> DATE: _____	<b>CONFIDENTIAL DOCUMENT</b> REVISION 5/01 OPTIONAL PAGE
---	--	--

To the extent appropriate, early intervention services must be provided in the types of settings in which all infants and toddlers and their families participate. Section III is designed to help families and early intervention providers successfully integrate services into the child's and family's life. The IFSP team explores all settings and services developed to meet the family's lifestyle and culture and the child's developmental needs.

<b>"ALL ABOUT MY CHILD"</b>			
Who Provided Information? _____		Child's Nickname: _____	
Things my child likes to do: Put a "+" in front of them. Things I'd like my child to do: Put an "0" in front of them. Use this space for additional activities that are not on the list below.		People my child is with: (names, nicknames, ages, amount of time)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ hold/play with toys</p> <p>_____ take a bath/play with water</p> <p>_____ watch/listen to TV</p> <p>_____ play outside</p> <p>_____ visit relatives/friends</p> <p>_____ eat</p> <p>_____ get and give hugs</p> <p>_____ play with Dad</p> <p>_____ play with Mom</p> <p>_____ listen to music</p> <p>_____ go to church/religious activities</p> </div> <div style="width: 45%;"> <p>_____ play with sister(s)</p> <p>_____ play with brother(s)</p> <p>_____ enjoy other children</p> <p>_____ eat out</p> <p>_____ go to a playground</p> <p>_____ take a walk</p> <p>_____ "rough house"</p> <p>_____ ride in the car</p> <p>_____ go grocery shopping</p> <p>_____ take naps</p> <p>_____ go to community center</p> </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>in my home...</p>            <p>who are friends...</p> </div> <div style="width: 45%;"> <p>at day care...</p>            <p>who are neighbors, relatives...</p> </div> </div>	

The following sections should be utilized during the IFSP meeting to identify potential locations for each individual service as identified in the IFSP to meet the Outcomes. IFSP Team members should use the information provided above in selecting the natural setting for each individual service in this IFSP. It is possible that specific services could be delivered in different settings/locations.

<b>Possible locations/programs your child is presently involved in and that should be considered for possible sites for early intervention services:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>_____ Child's Home</p> <p>_____ Other Family Location</p> <p>_____ Family Day Care</p> <p>_____ Community-Based program</p> <p>_____ Child Care Program</p> <p>_____ Early Head Start</p> </td> <td style="width: 50%; vertical-align: top;"> <p>_____ Infant/Toddler Play Group</p> <p>_____ Early Intervention Classroom/Center</p> <p>_____ Hospital</p> <p>_____ Clinic/Provider's Office</p> <p>_____ Other: _____</p> <p>_____ Other: _____</p> </td> </tr> </table>	<p>_____ Child's Home</p> <p>_____ Other Family Location</p> <p>_____ Family Day Care</p> <p>_____ Community-Based program</p> <p>_____ Child Care Program</p> <p>_____ Early Head Start</p>	<p>_____ Infant/Toddler Play Group</p> <p>_____ Early Intervention Classroom/Center</p> <p>_____ Hospital</p> <p>_____ Clinic/Provider's Office</p> <p>_____ Other: _____</p> <p>_____ Other: _____</p>	<b>What needs to be done to provide services in the setting(s) chosen by the IFSP Team?</b>
<p>_____ Child's Home</p> <p>_____ Other Family Location</p> <p>_____ Family Day Care</p> <p>_____ Community-Based program</p> <p>_____ Child Care Program</p> <p>_____ Early Head Start</p>	<p>_____ Infant/Toddler Play Group</p> <p>_____ Early Intervention Classroom/Center</p> <p>_____ Hospital</p> <p>_____ Clinic/Provider's Office</p> <p>_____ Other: _____</p> <p>_____ Other: _____</p>		